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INADEQUACIES OF MEDICAID MANAGEMENT

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REPORT

BY THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

OF THE

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE

HOUSE OF REPRESENTATIVES

NINETY-FIFTH CONGRESS

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LETTER OF TRANSMITTAL

House of Representatives,
Subcommittee on Oversight and Investigations,
Committee on Interstate and Foreign Commerce,
Washington, D.C., December 1978.

Hon. Harley O. Staggers,
Chairman, Committee on Interstate and Foreign Commerce,
Washington, D.C.

Dear Mr. Chairman: The attached report of the Subcommittee on Oversight and Investigations entitled "Inadequacies of Medicaid Management" compiles and discusses the results of a questionnaire sent in 1977 to 53 Medicaid agencies concerning surgery in the Medicaid program. This is the third such questionnaire sent by the Subcommittee to State Medicaid agencies. The aggregate rate of surgery under Medicaid, though lower than before, was reported by the States to be approximately seventy percent above the rate for the population as a whole (16,349 per 100,000 eligibles for this survey, 23,100 per 100,000 eligibles in the 1976 survey, and 18,700 per 100,000 eligibles in the 1975 survey).

The first two reports stated that there were significant problems in the data submitted. Unfortunately, the situation has not improved and the Department of Health, Education, and Welfare (HEW) has not been able to determine the number of surgical procedures the Federal Government is underwriting. The Subcommittee has been trying to determine the extent of surgery in the Medicaid program. It is disappointing to learn that HEW is not able to provide elementary data indicating the costs and kinds of surgery being paid for under Medicaid.

The responses to the Subcommittee's survey yielded six major findings.

1. The information reported by the States was so inconsistent as to preclude any detailed analysis of surgical rates under the Medicaid program.
2. The data continue to indicate extreme differences in total surgical rates among States.
3. The surgical procedures rates per 100,000 eligibles from the Medicaid programs reporting is still considerable above the rate for the population as a whole.
4. The States remain unable to account for the millions of dollars spent on Medicaid surgery.
5. HEW remains irresponsible and unresponsive, having not yet required that the States submit this data on a routine basis.
6. There is too great a division of labor and responsibility in the Medicaid program, fostering a lack of accountability.

The recommedations include the need for HEW to develop uniform categorizations for reporting surgical procedures and to require uniform reporting and accounting. The report also suggests that Congress consider legislation tying payment of Federal matching funds to accurate State reporting to insure greater accountability of both the States and health care providers.

The results of this survey raise significant questions which must be answered promptly. Why are there such exterme variations in the number of procedures reported? Are the definitions consistent? Are procedures being delineated correctly? What is the proper role of the Medicaid fiscal agents in the payment and reporting of surgical procedures?

It is my hope that the issuance of this report illustrating major deficiencies in reporting and accountability will serve to stimulate immediate action by the appropriate agencies and serve as a vehicle for further oversight by our Committee.

Sincerely,

JOHN E. MOSS,
Chairman, Subcommittee on Oversight and Investigations.

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INADEQUACIES OF MEDICAID MANAGEMENT

I. Introduction

Over the past 10 years, public expenditures for health have been growing at an average annual rate of 15.7 percent, a matter of considerable concern to Congress. During fiscal year 1977, public and private spending for health were approximately $163 billion. This compares with $149 billion in fiscal year 1976; $69.2 billion in 1970; and $42.1 billion in 1966.

This Subcommittee, beginning with the 94th Congress, has been attempting to examine the causes of the skyrocketing of health care costs, particularly as they affect the Federal budget. We have continued our investigation into the gaps and inequities present in our health care delivery system. One focal point of our inquiry into cost and quality issues has been surgery, particularly that performed under Title XIX of the Social Security Act, the Medicaid program.[1]

This report presents a brief summary of data on surgery in the Medicaid program based on a September, 1977 survey of State Medicaid agencies and fiscal agents undertaken by the Subcommittee. It is the third such survey and report undertaken by the Subcommittee. This report will examine the inability of some States to respond and the inconsistency of others.

The first Medicaid surgery report was presented during the Subcommittee hearing on July 18, 1975 [2] and then incorporated into a more comprehensive evaluation the following January.[3] That report showed great variation in the reporting of surgery among States and also between the rate of surgery under Medicaid and for the population as a whole. States reported the aggregate rate for surgery under Medicaid to be more than twice that of the general population. Problems in the data, particularly the inclusion of the medically needy,[4] called into question the validity of the data as representative of the Medicaid population. It was felt by both the Subcommittee and the Department of Health, Education, and Welfare (HEW) that the inclusion of the medically needy would inflate the rate of surgery.

In the second survey and subsequent report, published in July, 1977,[5] the Subcommittee attempted to eliminate as many of the

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[1] 42 USC 1396 *et seq.*

[2] "Getting Ready for National Health Insurance: Unnecessary Surgery," Hearings Before the Subcommittee on Oversight and Investigations, Committee on Interstate and Foreign Commerce, U.S. House of Representatives, 94th Cong., 1st Sess., July 15, 17, 18, and September 3, 1975, p. 282.

[3] "Cost and Quality of Health Care: Unnecessary Surgery," Report by the Subcommittee on Oversight and Investigations, Committee on Interstate and Foreign Commerce, U.S. House of Representatives, 94th Cong., 2d Sess., January 1976.

[4] The medically needy are those persons in the same categorical group whose incomes and resources are large enough to cover normal daily living expenses—making them ineligible for cash assistance—but not large enough to pay for medical care.

[5] "Background Report on Surgery in State Medicaid Programs," Staff Report of the Subcommittee on Oversight and Investigations, Committee on Interstate and Foreign Commerce, U.S. House of Representatives, 95th Cong., 1st Sess., July 1977.

reporting problems as possible. The reporting form requested a breakdown by maintenance assistance status of the Medicaid eligibles to provide a separate identification of the medically needy. The findings in the second report echoed those of the first. The surgical procedures rate again was more than twice that for the population as a whole. However, the data maintained by the States and reported to the Subcommittee was so inconsistent compared with that reported in the previous survey, that confidence in the validity of either set of information must be minimal. Though more States were able to respond, significant gaps still existed. The variations in reported surgical rates were so extreme as to make any conclusions tentative.

The first survey provided ample evidence to the Department of Health, Education, and Welfare of the States' poor management and lack of accountability. The Department acknowledged that they did not have accurate information on the number of surgical procedures performed under the Medicaid program, the dollars involved, or the number of eligibles.[6] We hoped that the second survey would show significant improvement by the States and HEW in data collection and maintenance. The States and HEW unfortunately remained unresponsive to the need for accountability.[7] When we began the third survey (September 1977) we expected to find dramatic improvements. Unfortunately, the States have basically marked time since 1975 and HEW has continued to pay out millions of dollars under Medicaid for questionable surgery which has been inadequately justified.

II. Methodology

In order to update our information on surgery supported by Medicaid, a third survey was prepared. A copy of the survey form is included as Appendix A. Like the previous survey, this one used HEW's annual statistical form requesting Medicaid information from the States.[8] This form is included as Appendix B. Therefore, States should have been familiar with the format both through HEW and the Subcommittee's previous surveys and reports.

In addition, the reporting form requested that data be presented in the same manner as HEW's data on the Medicaid program. The form also asked for a breakout by maintenance assistance status of Medicaid eligibles (receiving a money payment; eligible for, but not receiving a money payment; and not eligible for maintenance assistance—the medically needy) and for the basis of eligibility (Aged, Blind, Disabled; Member of a Family with Dependent Children).

The Subcommittee also requested that each State review its submission from the previous year for accuracy and report any errors. Many states did not respond to this question, some stating that they had changed fiscal agents and therefore could not check the data. Some submitted corrections and others indicated that their previous submission was accurate. Those corrections, where indicated, have been made a part of the Subcommittee's permanent files.

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[6] See note 2, *supra* at pp. 198-199.

[7] "Volume II: Quality of Surgical Care," Hearings Before the Subcommittee on Oversight and Investigations, Committee on Interstate and Foreign Commerce, U.S. House of Representatives, 95th Cong., 1st Sess., October 6, 28, and November 1, 1977, pp. 227-228.

[8] Form SRS-NCSS-2082.

III. Summary of Findings

In September 1977, the Subcommittee on Oversight and Investigations surveyed State Medicaid agencies and their fiscal agents, if appropriate, for information on surgery performed under the Medicaid program. An evaluation of the responses to that survey yields six principal findings:

A. The information reported by the States was so inconsistent as to preclude any detailed analysis of surgical rates under the Medicaid program. The number of surgical procedures reported for the period July 1, 1976, through June 30, 1977, was at such variance with the number reported by the same States for the previous survey as to make analysis futile.

B. The data also continue to indicate extreme differences in total surgical rates among states. Rhode Island reports a rate of 5,267 procedures per 100,000 eligibles; while New Mexico reports 84,987 per 100,000 eligibles—a 16-fold difference.

C. The surgical procedures rate per 100,000 eligibles from the Medicaid programs reporting is still considerably above the rate for the population as a whole. The rate reported for fiscal year is 16,349. The data is so haphazard that the Subcommittee cannot assess whether the decrease from 1975–1976 is due to a reduced amount of surgery or differences in reporting.

D. The States remain unable to account for the millions of taxpayer dollars being spent on Medicaid surgery and the necessity of the procedures themselves. Improvement in the number of States reporting or the quality of the data has been essentially non-existent.

E. HEW remains irresponsible and unresponsive. Since admitting the importance of acquiring this data, they have not yet required that the States submit it on a routine basis.

F. There is too great a division of labor and responsibility in the Medicaid program. This fosters a lack of accountability. The Federal Government helps finance and monitors the States' efforts. The States' monitor their fiscal agents, whatever State agencies are responsible for health and welfare. And, finally, the State agency often subcontracts with a private company for the actual administration of the program. Apart from but related to this chain of responsibility, the Professional Standards Review Organizations (PSROs) are supposed to determine the necessity of elective procedures. To whom they are responsible remains unclear.

IV. Recommendations

Based upon the above findings, it is recommended—

A. That the Department promptly develop uniform categorizations for reporting surgical procedures.

B. That the Department require uniform reporting (at least annually) of the number of procedures, information on eligibles, and the amount expended by States on surgical procedures.

C. That Congress consider legislation which would tie payment of Federal matching funds to accurate State reporting to insure

the greater accountability of both the States and health care providers. An example of this type of reimbursement would be section 1903(g) of the Social Security Act. A State's payment by the Federal Government is dependent upon its completing its utilization review responsibilities.

D. Congress should consider amending the complex and apparently unworkable managerial system currently in use under Medicaid and consider steps to simplify and streamline the chain of command and responsibility. To the extent that Medicaid is and will continue to be a building block of our Federal health care system, any administrative and managerial inadequacies must be recognized and corrected.

E. Congress should request a report by April 1979, from the Department on those States which have provided no response or an inadequate one to the Subcommittee. Emphasis should be placed on those States which have received Federal funding for a Medicaid Managements Information System (MMIS) and yet are unable to provide usable data.

V. Survey Responses

Although some States provided data to the Subcommittee for the first time, others who had previously provided data did not respond this time, and some were so inconsistent as to be meaningless. Part of the problem is definitional; i.e., what constitutes a surgical procedure and who is eligible for Medicaid. The definitions of these phrases vary among the States.

Because the States' responses varied so greatly, we will not attempt a detailed analysis of the numbers. The total procedures per 100,000 eligibles for the States will be presented in the next section. However, more important than the numbers themselves, is the inability of many States to be accurate and consistent *or to report at all.* The most obvious conclusion when looking at the data is that we have no idea which States are accurate and which are not or which year is accurate and which is not.

Some States which were able to provide useful data will not appear in Tables 1 or 2, the reason being that only those reporting "Total Surgical Procedures" and eligibles are included. A later section contains a list of the States and jurisdictions and whether they were able to provide the Subcommittee with useful data.

There are 49 States and 4 jurisdictions which participate in the Medicaid program. Arizona is the only State that has elected not to participate. The participating jurisdictions are the District of Columbia, Guam, Puerto Rico, and the Virgin Islands, bringing the total of participants to 53.

Seventeen States and jurisdictions were unable to provide any usable data. An additional 10 States made some submission to the Subcommittee but, because of reasons explained below, the response could not be utilized. Twenty-five States were able to provide usable data but only 10 of these provided most or all of the requested information. The remainder provided only the "Total Surgical Procedures", the eligibles, or the columns labeled tonsillectomy, cholecystectomy, hysterectomy, and mastectomy.

The States and jurisdictions unable to provide enough data to be useful were:

Alabama	Kansas	Utah
Alaska	Louisiana	West Virginia
Delaware	Massachusetts	Wyoming
Georgia	Michigan	Guam
Idaho	Montana	Virgin Islands
Indiana	South Dakota	

Kentucky, New Hampshire, North Dakota, and Oregon included units for hospitalization, assistant surgeons, and anesthesiologists in their procedure counts, thereby artificially inflating them. New Mexico provided procedures for 13 months, inflating its numbers. However, New Mexico's submission is suspect, even taking that into account, because the State reported 72,077 procedures and 84,809 eligibles, for a rate of 84,987 procedures per 100,000 eligibles. North Carolina's submission represents only approximately 65 percent of the surgical procedures because the State changed fiscal agents mid-year. Tennessee's submission represents approximately 42 percent of the procedures and Texas about 50 percent because they also changed their fiscal agents. The State of Washington's submission was not usable because the number of procedures reported equals the unduplicated count of persons receiving surgery; i.e., if one person had two types of surgery during a 12-month period, they would be counted as one procedure. Wisconsin provided only a 2-month sample which they felt represented approximately four percent of total surgery claims. We did not feel that was a sufficient representative base from which to extrapolate for a statewide total.

Sixteen States provided only partial data which were usable. This includes States that provided the Medicaid eligibles and the individual procedures with no "Total Surgical Procedures" column and States that provided the total for each column with no breakdown by maintenance assistance status. The following States provided partial but usable data:

California	Nevada
Colorado	New York
Connecticut	Ohio
Florida	Pennsylvania
Illinois	Rhode Island
Iowa	Vermont
Mississippi	District of Columbia
Missouri	Puerto Rico

The Subcommittee would like to take note of and acknowledge ten States that were able to provide a majority, if not all, of the data requested. The following States should be studied as possible models in information collection and maintenance:

Arkansas	Nebraska
Hawaii	New Jersey
Maine	Oklahoma
Maryland	South Carolina
Minnesota	Virginia

The following sections provide the survey information on those States which reported total surgical procedures and eligibles under the Medicaid program and a comparison of the ability of States to provide usable data for the three surveys conducted by the Subcommittee.

VI. Reported Surgical Procedures

Twenty-three States and jurisdictions reported data on the total number of surgical procedures financed under their Medicaid programs and comparable data on the eligible population, enabling calculation of a rate for procedures per 100,000 eligibles. The surgical procedures rate for these twenty-three States is 16,349 per 100,000 eligibles. This is a very slight improvement over the number reporting last year, which was 22. Fifteen States (Table 1) reported data on the total number of surgical procedures and the unduplicated yearly total number of Medicaid eligibles.[9]

Table 1 reflects the vast differences in the State responses. A total of 591,628 procedures were reported, with an eligible population of 5,266,072, for an aggregate rate of 11,235 procedures per 100,000 Medicaid eligibles. The responses ranged from a low of 5,735 procedures per 100,000 eligibles from Maryland to 36,046 procedures per 100,000 eligibles from Hawaii. This is significantly different from last year's report which showed a low of 2,644 procedures per 100,000 eligibles for Florida to a high of 132,376 procedures per 100,000 eligibles for North Dakota.[10] Though the differences among States on the current survey are not as the previous year's, what emerges is a conclusion suggesting inaccurate, inadequate, and haphazard collection and maintenance of data.

The following data summarizes the data:

TABLE 1.—TOTAL SURGICAL PROCEDURES, UNDUPLICATED YEARLY TOTAL ELIGIBLES

State	Total surgical procedures	Unduplicated yearly total eligibles	Total surgical procedures rate per 100,000 eligibles
Arkansas	30, 591	281, 825	10, 855
Connecticut	53, 944	241, 298	22, 356
Florida	40, 773	532, 350	7, 659
Hawaii	35, 626	98, 697	36, 096
Iowa	73, 473	211, 108	34, 804
Maine	33, 250	122, 665	27, 106
Maryland	24, 171	421, 502	5, 735
Minnesota	20, 496	281, 123	7, 291
Mississippi	41, 591	360, 700	11, 531
Missouri	30, 651	509, 710	6, 013
Nebraska	5, 582	67, 203	8, 306
Nevada [1]	4, 447	26, 325	16, 893
Oklahoma	37, 119	270, 430	13, 726
South Carolina	18, 892	318, 662	5, 929
Puerto Rico	141, 022	1, 522, 474	9, 263
Total	591, 628	5, 266, 072	
Average			11, 235

[1] Calendar year 1976.

An additional eight States (Table 2) reported data on surgical procedures and the average monthly number of persons eligible for

[9] The unduplicated yearly total number of eligibles is the number of different persons eligible at some time during the year.

[10] See note 5, *supra* at p. 4.

Medicaid, as distinguished from the unduplicated yearly total eligibles in Table 1. A total of 1,743,361 procedures were reported for an eligible population of 9,015,921, with an aggregate rate of 19,336 per 100,000 eligibles. Again, there is wide variance in procedure rates among States though, as in Table 1, not as great as last year. The surgery rates reported by the States range from a low of 5,267 procedures per 100,000 eligibles in Rhode Island to a high of 26,264 procedures per 100,000 eligibles in California—a five-fold difference. It certainly stretches one's imagination to believe that California Medicaid recipients need or even receive five times as many surgeries per eligible person as the eligible population of Rhode Island.

We have omitted New Mexico from this table because of the apparent unreliability of this year's data. New Mexico reported data for thirteen months which, however, does not explain their submission of 72,077 procedures and an eligible population of 84,809 for a rate of 84,987 procedures per 100,000 eligibles. This does not seem reasonable, particularly in light of the State's submission last year which showed 16,004 procedures and an eligible population of 119,868 for a rate of 13,351 procedures per 100,000 eligibles.[11] Though we have omitted New Mexico from Table 2, we mention it now as an example of the variation from year to year and the obvious unreliability of States' reporting mechanisms.

The following table summarizes the response of States reporting data on the average monthly number of eligibles.

TABLE 2.—TOTAL SURGICAL PROCEDURES, AVERAGE MONTHLY NUMBER OF ELIGIBLES

State	Total surgical procedures	Average monthly number of eligibles	Total surgical procedures per 100,000 average monthly eligibles
California	766, 896	2, 920, 000	26, 264
Illinois [1]	257, 581	1, 013, 716	25, 410
New Jersey [2]	141, 093	624, 880	22, 579
New York	271, 435	2, 229, 810	12, 173
Ohio	105, 932	729, 678	14, 518
Pennsylvania	164, 513	1, 120 601	14, 681
Rhode Island	4, 788	90, 900	5, 267
Virginia	31, 123	286, 336	10, 869
Total	1, 743, 361	9, 015, 921	
Average			[3] 19, 336

[1] Calendar year 1976.
[2] Data provided by Prudential through both New Jersey's fiscal agents (Prudential and Blue Cross) provided the requested information.
[3] New Mexico, whose data seems out of line, was omitted from this table. If included, the rate would jump to 19,948 procedures per 100,000 eligibles.

This year the Subcommittee has not done a more detailed analysis because of the unreliability of the States' responses to the survey. These responses may be found, however, as Appendix C.

VII. Comparability of Data

The following table shows the differing abilities of States to provide data in response to the Subcommittee's survey. More importantly, it demonstrates the varying capability of the same State to provide the requested data from one year to the next.

[11] *Id.*

In 1975, 26 States were able to provide the Subcommittee with usable data. In 1976, that number increased to 29. Many were, however, different States. Six States which provided data in 1975 were unable to provide data in 1976. It is interesting that nine additional States were then able to provide data in 1976, a gain in overall terms of three. In 1977, the number of States providing usable data was back down to 26. Thirteen States that provided data in 1976 were unable to provide data in 1977 and 10 new States submitted usable data, a net loss of three. In three years, States' capabilities to collect and maintain data on Medicaid surgery and the eligible population has been basically static in spite of the publicity generated by the surgery issue. This disparity between States from year to year is evidence that uniform reporting and accounting for procedures performed under Medicaid must be required. At the same time, current reporting could be condensed and streamlined in order to reduce the administrative burden on the States.

Note should be taken of those States which have been able to report all 3 years and those which have *never* submitted usable data. The following 12 States have submitted usable data in response to all three surveys conducted by the Subcommittee. They are to be commended.

Arkansas
California
Hawaii
Maryland
Mississippi
Missouri
Nebraska
Nevada
New York
Oklahoma
Pennsylvania
Virginia

New Mexico might be provisionally included in this list as their submission has almost all data requested. It is the accuracy of the data which is in doubt.

The following 12 States and jurisdictions have never provided the Subcommittee with usable data on surgery in the Medicaid program. We recognize that there may be valid reasons for this inability by some, such as South Dakota which processes claims manually and for whom responding to this survey would disrupt the entire office. It would, however, not be a valid or necessary explanation if this type of information were required routinely.

Delaware
Georgia
Idaho
Indiana
Massachusetts
South Dakota
Tennessee [12]
Utah
Washington
West Virginia
Wyoming
Guam

We find the inability of these States to provide this data appalling. We believe the Governors of these jurisdictions should be requested to provide an explanation of these inadequacies. Further, we will request the Inspector General to investigate these state programs. It would appear that an audit of the payments for surgery in these states is in order.

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[12] Tennessee's fiscal agent did provide data in response to the September 1977 survey. It represented only 42 percent of the procedures, an inadequate portion to utilize.

TABLE 3.—COMPARISON FOR 1975, 1976, AND 1977 OF STATES' ABILITY TO PROVIDE USABLE DATA [1]

State	1975	1976	1977
Alabama	Yes	Yes	No.
Alaska	Yes	Yes	No.
Arizona	(2)	(2)	(2).
Arkansas	Yes	Yes	Yes.
California	Yes	Yes	Yes.
Colorado	Yes	No	Yes.
Connecticut	No	No	Yes.
Delaware	No	No	No [3].
Florida	No	Yes	Yes.
Georgia	No	No	No.
Hawaii	Yes	Yes	Yes.
Idaho	No	No	No.
Illinois	No	Yes	Yes.[4]
Indiana	No	No	No.
Iowa	No	No	Yes.
Kansas	Yes	Yes	No.
Kentucky	No	Yes	No.[5]
Louisiana	Yes	No	
Maine	Yes	No	Yes.
Maryland	Yes	Yes	Yes.
Massachusetts	No	No	No.
Michigan	No	Yes	
Minnesota	No	No	Yes.
Mississippi	Yes	Yes	Yes.
Missouri	Yes	Yes	Yes.
Montana	Yes	Yes	
Nebraska	Yes	Yes	Yes.
Nevada	Yes	Yes	Yes.[4]
New Hampshire	Yes	No	No.[5]
New Jersey	Yes	No	Yes.
New Mexico	Yes	Yes	No.[6]
New York	Yes	Yes	Yes.
North Carolina	Yes	Yes	No.[7]
North Dakota	Yes	Yes	No.[5]
Ohio	Yes	No	Yes.
Oklahoma	Yes	Yes	Yes.
Oregon	Yes	Yes	No.[5]
Pennsylvania	Yes	Yes	Yes.
Rhode Island	No	No	Yes.
South Carolina	No	Yes	Yes.
South Dakota	No	No	No.
Tennessee	No	No	No.[8]
Texas	No	Yes	No.[9]
Utah	No	No	No.
Vermont	No	No	Yes.[10]
Virginia	Yes	Yes	Yes.
Washington	No	No	No.[11]
West Virginia	No	No	No.
Wisconsin	No	Yes	No.[12]
Wyoming	No	No	No.
District of Columbia	No	Yes	Yes.[13]
Guam	No	No	No.
Puerto Rico	No	No	Yes.
Virgin Islands	No	Yes	No.

[1] Usable data is defined as providing at least minimal information on both eligibles and procedures.
[2] Arizona does not participate in the medicaid program.
[3] Delaware's fiscal agent Blue Shield had the capability to provide the data requested but could not do so without State approval. While the State was delaying its response to the subcommittee, they changed fiscal agents. The new fiscal agent is, of course, unable to provide data prior to the beginning of this contract.
[4] Data provided is for calendar year 1976.
[5] Unable to use procedure data because numbers include units for hospitalization and anesthesia.
[6] Data provided for 13 mo.
[7] Data provided represents approximately 65 percent of claims.
[8] Data provided represents approximately 42 percent of claims.
[9] Data provided represents approximately 50 percent of claims.
[10] Data provided for calendar year 1977.
[11] Procedures not usable because number of procedures equals unduplicated count of persons receiving surgery; i.e., if 1 person had 2 types of surgery during a 12-mo period, they would be counted as 1 procedure.
[12] Provided only 2-mo sample.
[13] Data provided for fiscal year 1976.

This comparison leads us to believe that little reliance may be placed upon the accuracy of the 1975, 1976, and 1977 data. In July of 1977, the Subcommittee staff made that statement, excepting States with only small changes in the rate of procedures per 100,000 eligibles.[13] Last year, the staff used Nebraska and New Mexico because they

[13] See note 5, *supra* at p. 11.

had a 5-percent increase and 4-percent decrease respectively. This, of course, no longer holds true even for these States. Nebraska has had more than a 50-percent decrease from 1976 to 1977 and New Mexico, if the State's submission is to be believed, has had a 500-percent increase.[14]

VIII. Conclusions

In July 1975, January 1976, and July 1977, the Subcommittee published reports which found that, "despite the size and importance of the program, HEW administers Medicaid with very serious gaps in information." [15] The conclusions reached by the Subcommittee in this report are, unfortunately, no different. HEW should have emphasized the importance of States' being able to provide accurate information on surgery, eligibles, and dollars.

Three years ago, the Subcommittee found that the "lack of accountability on the part of HEW highly distressing." [16] There is still no way for HEW to tell us how many persons are eligible for Medicaid, the dollars expended for surgery under this program, or to determine the quality of care given to Medicaid recipients in spite of the fact that such care is being supported by taxpayer dollars.

The total blame does not rest with HEW. It is obvious that some States are better able to report than others and that they routinely maintain better data. Though we cannot attest to the accuracy of the data reported to the Subcommittee, the States which have been able to submit complete data for 3 years would certainly seem to be more interested in and more accountable for their Medicaid programs than those States unable to respond.

Though we do not appreciate having to be repetitive, the following conclusions and recommendations have been stated by the Subcommittee before. However, we will repeat again as they undoubtedly remain true today.

A. This survey found that significant gaps and problems still exist in the collection and maintenance of data by the States.

Therefore, it is recommended that:

1. The Department develop uniform definitions for surgical procedures.
2. The Department require at least annual submissions of surgical procedures, eligibles, and dollars by the States.
3. The Department ascertain why States receiving millions of Federal dollars cannot provide data indicating the surgical procedures paid for with governmental money.
4. The Department study those States which are apparently able to provide reasonable data to determine whether they have systems which can be adapted for other States.
5. The Department study and report on those States which were unable to respond to the Subcommittee's survey by April 1979, submitting at that time an explanation and possible solution for each State.

B. The lack of accountability could be ameliorated by instituting uniform accounting and reporting of surgical data. Uniform standards are essential for the development of meaningful, comparable data.

---

[14] This was arrived at by substracting one-thirteenth or "one month's" procedures from New Mexico's submitted figure.
[15] See note 5, *supra* at p. 12.
[16] See note 3, *supra* at p. 39.

It is recommended that Congress consider legislation which will provide for accurate and comparable data from States, possibly tying it to funds the States receive through FFP (Federal Financial Participation).

C. The States are not able to provide uniform information concerning eligibles to provide an accurate denominator necessary for any analysis.

The Department should require eligibility reporting by maintenance assistance status and by basis of eligibility.

D. There are extreme differences among States and from the same States from year to year with respect to rates of surgical procedures performed under the Medicaid program.

If possible, at this time, the Department should determine the true variations of surgical procedures and how much of this variation is due to errors in reporting.

By the numbers reported, the overall rate of surgery in the Medicaid program is still seventy percent above that of the general population. Though we cannot ascertain the accuracy of that data, we must again reach the tentative conclusion that Medicaid surgery is significantly higher than the national average.

35-786 0 - 78 - 2

APPENDIX A

NINETY-FIFTH CONGRESS

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CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
OF THE
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE
WASHINGTON, D.C. 20515

ROOM 2323
RAYBURN HOUSE OFFICE BUILDING
PHONE (202) 225-4441

MICHAEL R. LOHOV
CHIEF COUNSEL

JAMES HELLMAN
OPERATIONS DIRECTOR

J. THOMAS GREENE
COUNSEL TO THE CHAIRMAN

September 29, 1977

Administrator or Fiscal Agent of the State Medicaid Program (53 Jurisdictions)

Dear Sir:

As part of its continuing investigation into cost and quality aspects of health care, specifically in the Medicaid program, the Subcommittee on Oversight and Investigations is interested in obtaining data from Medicaid fiscal agents on surgical procedures paid for by you under your contract with the State.

For your convenience, we are providing you with copies of what the State submitted, if anything, in response to the Subcommittee's past two surveys. We are particularly interested in any differences or discrepancies you may find in the previous two surveys.

The Subcommittee would appreciate your completing the attached form for the period July 1, 1976 through June 30, 1977. For column 5, labeled "Total Surgical Procedures", please see the attached ICDA list, e.g., please count as one, a procedure -- such as a tonsillectomy--even if separate bills are paid to a surgeon, anesthesiologist, hospital, etc. The "Total Procedures" figure should include all procedures listed by the ICDA. Please verify that your listing includes all of these procedures or note any deviations or additions.

Page Two

We will appreciate receiving your response no later than October 31, 1977. If you have any questions, please contact Ms. Kitty Meyers of the Subcommittee staff.

Thank you for your cooperation.

Sincerely,

JOHN E. MOSS
Chairman
Subcommittee on
Oversight and Investigations

JEM:kma
Enclosure

State _____

Participate in MMIS ☐ Yes, ☐ No.

If no, plan to enter _____

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles				Total Surgical Procedures: Tonsillectomies (266)			
	Unduplicated yearly total		Average Monthly Number		Number of Procedures	Total Payments *	Number of Procedures	Total Payments *
	Total	Female	Total	Female				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)								
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All others:								
(1) Under age 21								
(2) Age 21-64								

* Indicate surgical fee, anesthesia fee, hospitalization fee, or the sum of all 3.

Maintenance assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2–4)								
2. Received money payments:								
Automatically eligible for medical assistance:								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

Surgical class, operation, and ICDA Codes		Estimated Number of all listed operations in Thousands, 1975 1/
All operations 2/		20,040
Neurosurgery	01-05	348
Opthalmology	06-14	758
Extraction of lens	14.4-14.6	333
Otorhinolaryngology	16-21	1,742
Myringotomy	17.0	220
Tonsillectomy with or without adenoidectomy	21.1-21.2	685
Operations on thyroid, parathyroid, thymus and adrenals	22-23	101
Thyroidectomy	22.1-22.2	81
Vascular and cardiac surgery	24-30	888
Excision and ligation of varicose veins	24.4	95
Thoracic surgery	32-35	271
Abdominal surgery	38-48	2,894
Repair of inguinal hernia	38.2-38.3	549
Appendectomy 3/	41.1	319
Cholecystectomy	43.5	442
Resection of small intestine or colon	47.4-47.6	153
Proctological surgery	50-52	575
Local excision and destruction of lesion of rectum and anus	50.2,51.2	139
Hemorrhoidectomy	51.3	201
Urological surgery	54-61	1,575
Dilation of urethra	57.5	250
Prostatectomy	58.1-58.3	266

1/ Department of Health, Education and Welfare. National Center for Health Statistics. Vital and Health Statistics. "Utilization of Short-Stay Hospitals: Annual Summary for the United States, 1975." Series 13-No. 31. April, 1977. p.54.

2/ Includes operations not listed in table.

3/ Limited to estimated number of appendectomies excluding those performed incidental to other abdominal surgery.

Surgical class, operation, and ICDA Codes		Estimated Number of all Listed Operations in Thousands, 1975
Breast surgery	65	417
Mastectomy	65.2-65.6	340
Gynecological surgery	67-72	3,893
Oophorectomy; salpingo-oophorectomy	67.2-67.5	471
Ligation and division of fallopian tubes (bilateral)	68.5	368
Hysterectomy	69.1-69.5	725
Dilation and curettage of uterus, diagnostic	70.3	977
Obstetrical procedures 4/	74-78	1,254
Cesarian section	77.0	328
Bilation and curettage after delivery or abortion	78.1	291
Repair of laceration	78.2-78.3	227
Orthopedic surgery	80-90	2,598
Excision of bone partial	80.4	162
Closed reduction of fracture without fixation	82.0	308
Reduction of fracture with fixation	82.2	298
Excision of intervertebral cartilage (prolapsed disk)	86.4	149
Operations on muscles, tendons, fascia, and bursa	88-89	360
Plastic surgery	92-94	1,038
Oral and maxillofacial surgery	95-98	183
Dental surgery	99	389
Biopsy	A1-A2	1,107

4/ Excludes certain obstetrical procedures for inducing or assisting delivery (ICDA codes 75.0-75.6 and 75.9).

APPENDIX B

Form SRS-NCSS-2082
Department of Health, Education, and Welfare
Social and Rehabilitation Service
National Center for Social Statistics

Form Approved
OMB. No. 83-R020f

STATISTICAL REPORT ON MEDICAL CARE: RECIPIENTS, PAYMENTS, AND SERVICES

State _____ Agency _____ Fiscal year ended June 30, 19 _____

Sampling information *(Complete applicable items):*

Report based on:

- ☐ Tabulation of total data for all sections
- ☐ Tabulation of total data for some sections and sample data for others:
  Sections based on sample _____
- ☐ Sample data for all sections

Sample data:

Total persons in sample _____

Theoretical sample percent _____

Sample inflation factor _____

Sampling method used:

- ☐ Case number endings:
  Endings used _____
- ☐ Systematic sample
- ☐ Other *(Describe)* _____

Signature of person reporting _____

Title _____

Submittal date _____

STATISTICAL REPORT ON MEDICAL CARE: RECIPIENTS, PAYMENTS, AND SERVICES

Section A(1). Recipients of medical care by maintenance assistance status and basis of eligibility, and by type of medical service

State _____ Agency _____ Fiscal year 19 _____

Maintenance assistance status of recipient and basis of eligibility for medical care	Unduplicated total	Inpatient hospital services		Skilled nursing facility services	Intermediate care facility services in institutions		Physicians' services	Dental services
		In general hospital	In mental hospital		For mentally retarded	All other		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total number of medical care recipients *(Sum of items 2-4)*								
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance, but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

STATISTICAL REPORT ON MEDICAL CARE: RECIPIENTS, PAYMENTS, AND SERVICES

Section A(2). Recipients of medical care by maintenance assistance status and basis of eligibility, and by type of medical service -- (Cont'd)

State _____ Agency _____ Fiscal year 19 ____

Maintenance assistance status of recipient and basis of eligibility for medical care	Other practitioners' services	Outpatient hospital services	Clinic services	Laboratory and radiological services	Home health services	Prescribed drugs	Family planning services	Other care
	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
1. Total number of medical care recipients *(Sum of items 2-4)*								
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

STATISTICAL REPORT ON MEDICAL CARE: RECIPIENTS, PAYMENTS, AND SERVICES

Section B(1). Amounts of medical vendor payments by maintenance assistance status and basis of eligibility of recipient, and by type of medical service

State _____ Agency _____ Fiscal year 19 _____

Maintenance assistance status of recipient and basis of eligibility for medical care	Total	Inpatient hospital services		Skilled nursing facility services	Intermediate care facility services in institutions	
		In general hospital	In mental hospital		For mentally retarded	All other
	(1)	(2)	(3)	(4)	(5)	(6)
	$	$	$	$	$	$
1. Total *(Sum of items 2-4)*						
2. Received money payments:						
Automatically eligible for medical assistance						
a. Age 65 or over						
b. Blindness						
c. Permanent and total disability						
d. Dependent children under 21						
e. Adults in families with dependent children						
Eligible for medical assistance only after spending excess income on medical expenses:						
f. Age 65 or over						
g. Blindness						
h. Permanent and total disability						
3. Financially eligible for maintenance assistance but did NOT receive money payments:						
a. Age 65 and over						
b. Blindness						
c. Permanent and total disability						
d. Dependent children under 21						
e. Adults in families with dependent children						
4. NOT eligible for maintenance assistance:						
a. Age 65 and over						
b. Blindness						
c. Permanent and total disability						
d. Dependent children under 21						
e. Adults in families with dependent children						
f. All other:						
(1) Under age 21						
(2) Age 21-64						

STATISTICAL REPORT ON MEDICAL CARE: RECIPIENTS, PAYMENTS, AND SERVICES

Section B(2). Amounts of medical vendor payments by maintenance assistance status and basis of eligibility of recipient, and by type of medical service—continued

State _____ Agency _____ Fiscal year 19 ____

Maintenance assistance status of recipient and basis of eligibility for medical care	Physicians' services	Dental services	Other practitioners' services	Outpatient hospital services	Clinic services	Laboratory and radiological services
	(7)	(8)	(9)	(10)	(11)	(12)
	$	$	$	$	$	$
1. Total *(Sum of items 2-4)*						
2. Received money payments:						
Automatically eligible for medical assistance						
a. Age 65 or over						
b. Blindness						
c. Permanent and total disability						
d. Dependent children under 21						
e. Adults in families with dependent children						
Eligible for medical assistance only after spending excess income on medical expenses:						
f. Age 65 or over						
g. Blindness						
h. Permanent and total disability						
3. Financially eligible for maintenance assistance but did NOT receive money payments:						
a. Age 65 and over						
b. Blindness						
c. Permanent and total disability						
d. Dependent children under 21						
e. Adults in families with dependent children						
4. NOT eligible for maintenance assistance:						
a. Age 65 and over						
b. Blindness						
c. Permanent and total disability						
d. Dependent children under 21						
e. Adults in families with dependent children						
f. All other:						
(1) Under age 21						
(2) Age 21-64						

STATISTICAL REPORT ON MEDICAL CARE: RECIPIENTS, PAYMENTS, AND SERVICES

Section B(3). Amounts of medical vendor payments by maintenance assistance status and basis of eligibility of recipient, and by type of medical service—continued

State _____ Agency _____ Fiscal year 19 _____

Maintenance assistance status of recipient and basis of eligibility for medical care	Home health services	Prescribed drugs	Family planning services	Other care	
	(13)	(14)	(15)	(16)	
	$	$	$	$	
1. Total *(Sum of items 2-4)*					
2. Received money payments:					
Automatically eligible for medical assistance					
a. Age 65 or over					
b. Blindness					
c. Permanent and total disability					
d. Dependent children under 21					
e. Adults in families with dependent children					
Eligible for medical assistance only after spending excess income on medical expenses:					
f. Age 65 or over					
g. Blindness					
h. Permanent and total disability					
3. Financially eligible for maintenance assistance but did NOT receive money payments:					
a. Age 65 and over					
b. Blindness					
c. Permanent and total disability					
d. Dependent children under 21					
e. Adults in families with dependent children					
4. NOT eligible for maintenance assistance:					
a. Age 65 and over					
b. Blindness					
c. Permanent and total disability					
d. Dependent children under 21					
e. Adults in families with dependent children					
f. All other:					
(1) Under age 21					
(2) Age 21-64					

APPENDIX C

STATE ALABAMA

Participate in MMIS [ ] Yes, [X] No

If no, plan to enter June, 1978

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (Q & 6): Number of Procedures	Tonsillectomies (Q & 6): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	413,134	261,746	331,891	209,622	not available		not available	
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	105,654	72,983	84,865	58,435				
b. Blindness	2,204	1,191	1,759	953				
c. Permanent and total disability	61,384	35,441	49,319	28,384				
d. Dependent children under 21	128,302	79,583	103,067	65,742				
e. Adults in families with dependent children	94,058	58,313	75,572	46,708				
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	13,617	9,409	10,952	7,534				
b. Blindness	24	13	19	11				
c. Permanent and total disability	2,033	1,175	1,626	942				
d. Dependent children under 21	3,380	2,099	2,721	1,681				
e. Adults in families with dependent children	2,478	1,539	1,991	1,232				
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate surgical fee payments [illegible]

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	not available		not available		not available		not available	
2. Received money payments:								
Automatically eligible for medical assistance:								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

STATE OF ARKANSAS
David Pryor, Governor

DEPARTMENT OF HUMAN SERVICES
David B. Ray, Jr., Director

DIVISION OF SOCIAL SERVICES
Doyle O. Yarborough, Commissioner

Mailing Address:
P.O. Box 1437
Little Rock, Arkansas 72203
(501) 371-2521

Central Office Location:
7th and Gaines Streets
Little Rock, Arkansas

June 13, 1978

The Honorable John E. Moss
Chairman
Oversight and Investigations
Subcommittee
Room 2323
Rayburn House Office Building
Washington, D. C. 20515

Dear Congressman Moss:

In reply to your request of May 12, 1978, we are enclosing the completed questionnaire regarding data from the Arkansas Medicaid Program on surgical procedures as you requested.

The count of "Total Surgical Procedures" is actually a count of occurrences of billings for a specified procedure by the primary surgeon. (This would also be a true statement for the previous reports submitted to your committee.)

The "Total Procedures" figures in our report include all codes in the CPT- 3 Surgical range: 10000 through 69999.

The Number of Eligibles represents the number of users. Our reports were not adapted for reporting by female; therefore, this is an estimated figure.

Should you need additional information, please advise.

Sincerely,

Allan B. Cooper, Director
Office of Medical Services

1978 JUN 20 PM 3:19
SUBCOMMITTEE ON
OVERSIGHT & INVESTIGATIONS

ABC:bdg
cc: Files
Ms. Sharon Marcum, Adm., Med. Assist.

Enclosures

35-786 0 - 78 - 3

FY 77 ☒
State
Calendar Year ☐

Participate in MMIS ☒ Yes, ☐ No

If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Consultations (9.6): Number of Procedures	Consultations (9.6): Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	281,825	18,160,721	23,476	1,512,091	30,591	3,724,391.30	805	268,747.39
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	64,860	4,177,533	5,405	348,136	519	65,738.08	- 0 -	- 0 -
b. Blindness	1,804	116,195	150	9,662	239	38,580.12	3	920.90
c. Permanent and total disability	37,634	2,424,006	3,136	201,990	5,679	765,054.71	26	9,426.10
d. Dependent children under 21					10,681	950,223.54	597	194,831.22
e. Adults in families with dependent children	139,140	8,962,007	11,595	746,834	9,182	1,276,162.28	67	23,538.20
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness			INCLUDED IN NO. 4					
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	11,658	750,892	972	62,607	29	5,255.00	- 0 -	- 0 -
b. Blindness	76	4,895	6	386	1	589.50	- 0 -	- 0 -
c. Permanent and total disability	2,392	154,069	199	12,818	176	22,391.95	9	1,893.00
d. Dependent children under 21					17	1,117.50	- 0 -	- 0 -
e. Adults in families with dependent children	117	7,536	10	644	11	1,700.00	- 0 -	- 0 -
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	1,578	101,639	132	8,502	29	5,758.70	- 0 -	- 0 -
b. Blindness	17	9,468	1	64	6	237.70	- 0 -	- 0 -
c. Permanent and total disability	2,035	131,074	160	10,306	782	162,916.71	- 0 -	- 0 -
d. Dependent children under 21					242	22,551.20	12	4,504.70
e. Adults in families with dependent children	5,195	334,610	433	27,890	260	46,991.61	2	303.00
f. All others:								
(1) Under age 21 U-21; F.C.	15,319	986,697	1,277	82,252	2,738	359,122.80	89	33,330.27
(2) Age 21-64							- 0 -	- 0 -

All Total Payments include surgeon, assistant surgeon, anesthesia, and hospitalization fees.

Maintenance assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
					Number of Procedures			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	559	555,910.83	351	428,031.43	32	17,921.80	55	62,183.30
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	16	26,407.75	14	32,838.90	1	1,625.00	2	1,593.90
b. Blindness	8	6,099.00	6	2,740.00	- 0 -	- 0 -	- 0 -	- 0 -
c. Permanent and total disability	88	97,753.41	98	128,180.33	11	8,210.70	16	21,985.90
d. Dependent children under 21	3	1,447.00	23	20,838.80	5	1,569.10	- 0 -	- 0 -
e. Adults in families with dependent children	408	391,180.72	166	190,703.20	11	5,242.30	13	11,534.30
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	- 0 -	- 0 -	1	603.50	- 0 -	- 0 -	- 0 -	- 0 -
b. Blindness	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
c. Permanent and total disability	2	550.00	2	1,285.00	- 0 -	- 0 -	1	490.00
d. Dependent children under 21	- 0 -	- 0 -	1	573.20	- 0 -	- 0 -	- 0 -	- 0 -
e. Adults in families with dependent children	2	948.00	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	- 0 -	- 0 -	1	1,255.00	- 0 -	- 0 -	- 0 -	- 0 -
b. Blindness	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
c. Permanent and total disability	20	14,026.60	15	21,935.40	3	882.70	6	7,224.50
d. Dependent children under 21	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
e. Adults in families with dependent children	10	13,928.35	9	11,828.40	1	392.00	2	4,105.00
f. All other:								
(1) Under age 21	2	3,570.00	15	15,249.70	- 0 -	- 0 -	15	15,249.70
(2) Age 21-64	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
HEALTH CARE FINANCING ADMINISTRATION
WASHINGTON, D.C. 20201

APR 14 1978

The Honorable John E. Moss
Chairman
Subcommittee on Oversight and Investigations
Committee on Interstate and Foreign Commerce
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Moss:

Secretary Califano wrote to you on March 13 indicating that we would contact the California Medicaid program to obtain its cooperation in responding to your request for information on surgical procedures. We have learned that the Medi-Cal Intermediary Operations provided a response on November 8, 1977.

Since the Medi-Cal response was apparently lost in the mail, I have enclosed a copy for you. Although Medi-Cal cannot provide an unduplicated yearly total of eligibles, the monthly total for September 1977 was 2.92 million, of whom 1.77 million were female.

Sincerely yours,

Paul R. Willging, PhD
Acting Director
Medicaid Bureau

Enclosure

November 8, 1977

Mr. John E. Moss, Chairman
Congress of the United States
House of Representatives
Subcommittee on Oversight and Investigations
of the Committee on Interstate and Foreign Commerce
Washington, D.C. 20515

Subject: Medicaid Payments for Surgical Procedures in California

Dear Mr. Moss:

This letter will respond on behalf of Blue Cross of Southern California, Blue Cross of Northern California, and Blue Shield of California to your separate request to each plan for data on surgical procedures paid for the period July 1, 1976 through June 30, 1977. These three plans, under the name Medi-Cal Intermediary Operations, jointly administer the Medi-Cal (Medicaid) Program in California.

We can provide you with information concerning payments made for total surgical procedures, tonsillectomies, hysterectomies, cholecystectomies, and mastectomies. The attached chart has been completed accordingly. The "number of procedures" columns show services of the principal surgeon only so that no surgery would be counted twice. (We frequently get separate claims from both the assistant surgeon and the anesthesiologist.) The "total payments" listing, however, includes the principal surgeon, assistant surgeon and any anesthesia fees.

Because Medi-Cal Intermediary Operations as the fiscal intermediary for the Medi-Cal Program does not have an eligibility system and related access to beneficiary data, we are unable to provide the information on number of eligibles that you have requested. This portion of your request should be directed to Jay A. Gould, Chief; Fiscal Intermediary Section; Department of Health; 714 "P" Street; Sacramento, California 95814.

Mr. John E. Moss, Chairman
November 8, 1977
Page -2-

We trust this information will be useful to you in your continuing review of the Medicaid program. If we can provide any additional assistance, please do not hesitate to call on us.

Sincerely,

Linda F. Holsonback
Manager
MIO Liaison Activity

LFH/DJ:jg
Encl.

cc: J. Gould
D. LaNoue
H. Oglesby, M.D.
MIO Staff

Participate in MMIS ☒ Yes. ☐ No

If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (2: Number of Procedures	Tonsillectomies (2: Total Payments
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)					766,896	122,063,613	13,643	1,838,684
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

Maintenance assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	9,753	5,355,388	8,065	3,377,609	1,295	215,449	1,100	401,111
2. Received money payments:								
Automatically eligible for medical assistance:								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1). Under age 21								
(2) Age 21-64								

Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

STATE COLORADO

Participate in MMIS ☐ Yes, ☐ No

If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Hysterectomies (♀ & ♂): Number of Procedures	Hysterectomies (♀ & ♂): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	213,239	137,136	139,228	89,123	1,534	1,457,082.89	664	204,485.54
2. Received money payments:								
Automatically eligible for medical assistance	186,206	119,277	121,281	77,148				
a. Age 65 or over	25,114	18,458	20,708	15,222	14	16,949.70	0	0.00
b. Blindness	193	100	143	74	6	6,783.15	2	874.76
c. Permanent and total disability	11,355	6,665	8,078	4,741	67	117,684.37	3	1,743.35
d. Dependent children under 21	99,152	47,365	63,198	30,190	596	203,941.55	570	170,373.01
e. Adults in families with dependent children	47,838	44,733	27,126	25,366	718	930,282.76	65	23,300.69
Eligible for medical assistance only after spending excess income on medical expenses:	1,175	701	294	175				
f. Age 65 or over	73	54	18	13	0	0.00	0	0.00
g. Blindness	3	2	1	1	0	0.00	0	0.00
h. Permanent and total disability	1,099	645	275	161	8	14,121.81	0	0.00
3. Financially eligible for maintenance assistance but did NOT receive money payments:	14,583	9,811	11,795	8,013				
a. Age 65 and over	8,171	6,028	7,249	5,348	5	6,084.36	0	0.00
b. Blindness	122	63	105	54	4	2,888.99	2	874.77
c. Permanent and total disability	5,763	3,383	4,064	2,385	34	60,151.70	1	581.12
d. Dependent children under 21	322	154	263	126	2	597.81	2	597.81
e. Adults in families with dependent children	155	145	77	72	4	5,338.02	0	0.00
4. NOT eligible for maintenance assistance:	11,275	7,347	5,858	3,787				
a. Age 65 and over	1,479	1,091	1,215	896	1	1,303.40	0	0.00
b. Blindness	49	25	36	19	0	0.00	0	0.00
c. Permanent and total disability	3,114	1,827	2,215	1,300	20	34,691.08	1	581.11
d. Dependent children under 21	3,923	1,874	1,448	692	17	6,980.41	15	4,483.50
e. Adults in families with dependent children	2,689	2,514	926	866	38	49,283.78	3	1,075.42
f. All others:								
(1) Under age 21								
(2) Age 21-64								

Maintenance assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total PAYMENTS*	RADICAL MASTECTOMIES	TOTAL PAYMENTS*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	557	742,961.41	285	467,042.71	12	13,547.35	16	29,045.88
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	3	2,612.40	11	14,337.30	0	0.00	0	0.00
b. Blindness	2	2,014.21	1	1,862.18	0	0.00	1	2,032.00
c. Permanent and total disability	27	39,952.57	33	69,177.15	2	2,583.61	2	4,227.69
d. Dependent children under 21	7	7,120.25	17	25,155.45	2	1,292.84	0	0.00
e. Adults in families with dependent children	460	613,525.00	180	273,037.82	4	4,636.40	9	15,782.85
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over	0	0.00	0	0.00	0	0.00	0	0.00
g. Blindness	0	0.00	0	0.00	0	0.00	0	0.00
h. Permanent and total disability	3	2,745.04	4	10,354.77	0	0.00	1	1,022.00
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	1	870.80	4	5,213.56	0	0.00	0	0.00
b. Blindness	2	2,014.22	0	0.00	0	0.00	0	0.00
c. Permanent and total disability	13	19,236.26	17	35,636.76	2	2,583.61	1	2,113.85
d. Dependent children under 21	0	0.00	0	0.00	0	0.00	0	0.00
e. Adults in families with dependent children	4	5,338.02	0	0.00	0	0.00	0	0.00
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	0	0.00	1	1,303.40	0	0.00	0	0.00
b. Blindness	0	0.00	0	0.00	0	0.00	0	0.00
c. Permanent and total disability	8	11,837.86	9	18,866.46	1	1,291.80	1	2,113.85
d. Dependent children under 21	1	1,017.18	1	1,479.73	0	0.00	0	0.00
e. Adults in families with dependent children	26	34,677.50	7	10,618.13	1	1,159.09	1	1,753.64
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
110 BARTHOLOMEW AVENUE HARTFORD, CONNECTICUT 06115

1977 JAN -6 AM 9:40
SUBCOMMITTEE ON
OVERSIGHT & INVESTIGATIONS

December 29, 1977

John E. Moss, Chairman
Subcommittee on Oversight and Investigations
Room 2323
Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Moss:

In your letter of September 30, 1977 you requested information about surgical procedures and costs paid for by Medicaid during Fiscal 1977 and the number of persons eligible for Medicaid by program during the same period. Although we were unable to provide this material along with the other items requested, a new computer program allows us to respond at this time. Please note that any new computer program, though carefully tested, may contain minor errors.

Surgical procedures in fiscal 1977 were as follows:

FISCAL YEAR 1977		AMOUNT	COUNT
Tonsillectomy	(02992 - Under 18)	58,500.96	786
	(02993 - Over 18)	26,340.60	267
Hysterectomy	(04614)	105,809.91	358
	(04618)	550.00	2
	(04631)	12,300.00	41
	(04620 - Radical)	2,500.00	5
Cholecystectomy	(03515)	64,175.00	217
Mastectomies	(00457 - Complete)	4,545.00	36
	(00458 - Bilateral)	1,125.00	5
	(00470 - Radical)	8,050.00	23
Totals of all Surgical Procedures for Fiscal 1977		4,040,038.61	53,944

The following figures apply to persons who were eligible for even a single day during the period July 1, 1976-June 30, 1977. The division of medical eligibility into two groups, automatic eligibility because of receipt of maintenance payments and eligibility for medical care only, is on the basis of the last program under which the client was eligible during the subject year.

(Continued)

Total eligibles	241,298

Total eligible automatically because of receipt of maintenance payments, by program:

Aged	5,036
Blind	122
Disabled	7,542
AFDC client under 21	126,000
AFDC client over 21	48,622
Other under 21	0
Other over 21	11
Sub-total automatic eligibles	187,333

Total eligible for medical payments only, by categorical relationship:

Aged	21,104
Blind	151
Disabled	12,970
AFDC under 21	14,782
AFDC over 21	4,168
Other under 21	751
Other over 21	39
Sub-total medical only eligibles	53,965

Note that this total figure does not include Child Welfare recipients, the "Other over 21" categories may be the result of keypunch errors, and that the AFDC medical payments only section includes persons under 21 not categorically related to AFDC. I trust this is sufficient to answer your requirements: if there are any further questions or comments, please write or call at (203) 566-2444.

Sincerely,

Patricia Day

Patricia Day, Chief
Research and Statistics

PD/m/sdb

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SOCIAL SERVICES
P.O. BOX 309
WILMINGTON, DELAWARE 19899
PHONE (302) [redacted]

RECEIVED
1978 OCT 10 AM 9:13
JOHN E. MOSS
MEMBER OF CONGRESS

421-6139

October 5, 1978

Honorable John E. Moss, Chairman
Subcommittee on Oversight and Investigations
Washington, D. C. 20515

Dear Representative Moss:

As [illegible]ed to Ms. Meyers of the Subcommittee staff, we regret the State of De[illegible]s unable to provide the figures which you requested. Our former fi[illegible]gent, Blue Cross Blue Shield of Delaware, did not maintain records in a manner that would enable us to retrieve the requested information. However, effective July 1, 1978, we have a new fiscal agent to do our Medicaid processing, and we are certain that the information necessary to complete your questionnaire will be available in a format that will be acceptable to your Committee.

Unfortunately the new fiscal agent has been processing claims for only three months, which does not satisfy your specified reporting period. We hope to be able to be of more assistance to your committee in the future.

Very truly yours,

Richard J. Cherrin

Richard J. Cherrin, Administrator
Medical Services

RJC:el

STATE FLORIDA

Participate in MMIS ☐ Yes, ☒ No

If no, plan to enter 1978

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (♀ & ♂): Number of Procedures	Tonsillectomies (♀ & ♂): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	532,350		403,748		40,773	(2) $43,234,895	1,048	(2) $85,949
2. Received money payments:								
Automatically eligible for medical assistance	490,326		378,483					
a. Age 65 or over	83,093		69,648					
b. Blindness	2,835		2,425					
c. Permanent and total disability	81,966		66,367					
d. Dependent children under 21	239,115		180,033					
e. Adults in families with dependent children	83,317		60,010					
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:	(1) 42,042		(1) 25,265					
a. Age 65 and over	16,414		11,245					
b. Blindness	29		22					
c. Permanent and total disability	1,536		1,094					
d. Dependent children under 21 & Adults	24,045		1,192					
e. Adults in families with dependent children			11,712					
f. All other:								
(1) Under age 21								
(2) Age 21-64								

(1) Include Medicaid Eligibles, not receiving maintenance, in institutions, extended coverage of four months in AFDC and Foster Care Children

STATE FLORIDA

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	2,043	(2) $342,482	570	(2) $140,620	391	(2) $33,400	62	(2) $16,638
2. Received money payments:								
Automatically eligible for medical assistance:								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

STATE Hawaii

Participate in MMIS [X] Yes, [ ] No

Fiscal Year 1977

If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Tubal Surgical Procedures: Number of Procedures	Tubal Surgical Procedures: Total Payments *	Vasectomies (♂): Number of Procedures	Vasectomies (♂): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	98,697	56,752	73,817	43,115	35,626	4389635.67	229	26,784.10
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	4,668	2,601	3,896	2,170	141	17,746.68	0	.00
b. Blindness	112	51	95	44	42	4,760.04	0	.00
c. Permanent and total disability	3,986	2,163	3,225	1,750	1,565	200,499.60	0	.00
d. Dependent children under 21	49,160	24,201	34,986	17,224	168	20,103.29	1	156.00
e. Adults in families with dependent children	24,272	18,842	20,746	16,105	20,089	2345113.31	181	19,813.78
Eligible for medical assistance only after spending excess income on medical expenses:	Included in number 4							
f. Age 65 or over					0	.00	0	.00
g. Blindness					0	.00	0	.00
h. Permanent and total disability					0	.00	0	.00
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	2,357	1,475	1,525	955	47	9,949.68	0	.00
b. Blindness	15	15	5	5	2	66.00	0	.00
c. Permanent and total disability	570	243	320	136	136	22,580.44	0	.00
d. Dependent children under 21	1,193	573	619	297	2	277.20	0	.00
e. Adults in families with dependent children	1,046	783	487	364	929	123,439.75	2	364.00
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	2,822	1,353	2,017	967	43	6,595.28	0	.00
b. Blindness	18	9	10	5	0	.00	0	.00
c. Permanent and total disability	1,008	370	714	262	279	45,972.24	0	.00
d. Dependent children under 21	2,040	980	1,030	495	2	220.00	0	.00
e. Adults in families with dependent children	1,154	846	723	530	995	154,288.10	9	982.20
f. All other:								
(1) Under age 21	1,930	960	1,379	686	2,453	271,603.91	22	3,195.12
(2) Age 21-64	2,346	1,287	2,040	1,120	8,733	1166420.15	14	2,273.00

* Indicate ONLY surgical fee, anesthesia fee, hospitalization fee, or the sum of all 3

STATE Hawaii

Fiscal Year 1977

Maintenance assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
					Number of Procedures			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	249	148,179.48	168	86,745.21	12	3,317.25	13	8,426.60
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	3	1,960.00	4	1,424.25	0	.00	0	.00
b. Blindness	0	.00	0	.00	0	.00	0	.00
c. Permanent and total disability	6	3,636.70	9	3,761.90	0	.00	2	1,048.00
d. Dependent children under 21	0	.00	0	.00	0	.00	0	.00
e. Adults in families with dependent children	152	91,397.91	84	43,958.73	8	2,274.75	5	4,033.20
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over	0	.00	0	.00	0	.00	0	.00
g. Blindness	0	.00	0	.00	0	.00	0	.00
h. Permanent and total disability	0	.00	0	.00	0	.00	0	.00
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	1	630.00	0	.00	0	.00	0	.00
b. Blindness	0	.00	0	.00	0	.00	0	.00
c. Permanent and total disability	0	.00	1	476.40	0	.00	1	607.50
d. Dependent children under 21	0	.00	0	.00	0	.00	0	.00
e. Adults in families with dependent children	6	3,356.63	3	1,820.00	0	.00	1	800.00
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	0	.00	0	.00	0	.00	0	.00
b. Blindness	0	.00	0	.00	0	.00	0	.00
c. Permanent and total disability	0	.00	2	1,038.00	0	.00	0	.00
d. Dependent children under 21	0	.00	0	.00	0	.00	0	.00
e. Adults in families with dependent children	7	4,561.85	4	2,333.50	0	.00	1	240.00
f. All other:								
(1) Under age 21	0	.00	2	1,217.50	0	.00	0	.00
(2) Age 21-64	74	42,636.39	59	30,714.93	4	1,042.50	3	1,697.90

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

35-786 O - 78 - 4

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
Statehouse
Boise, ID 83720

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

October 24, 1977

The Honorable John E. Moss
Chairman
Subcommittee on Oversight
and Investigations
United States House of
Representatives
Washington, D.C. 20515

Dear Representative Moss:

Mr. Klein has referred your recent request for data concerning reimbursement for surgical procedures by the Medicaid Program to this office for reply.

The current data handling method of the Idaho Medicaid Program will not supply the information you are requesting at this time. However, the Medicaid Program is in the process of implementing a Medicaid Management Information System that will supply this information in the future.

During fiscal year 1977, the Idaho Medicaid Program provided reimbursement of $1,187,256 for 7,850 surgical procedures. This included both assistant surgeons fees and fees for anesthesia.

Sincerely,

James C. Wilson

James C. Wilson, Administrator
Division of Welfare

STATE ILLINOIS

CALENDAR 1976

Participate in MMIS ☐ Yes, ☐ No

If no, plan to enter SEE LETTER

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (Ages 6): Number of Procedures	Tonsillectomies (Ages 6): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of Items 2-4)	NOT AVAILABLE		1,013,716	621,083	257,581	$29,176,918	5,135	$ 633,700
2. Received money payments: Automatically eligible for medical assistance			872,774	534,980				
a. Age 65 or over			19,548	14,524				
b. Blindness			1,106	568				
c. Permanent and total disability			59,528	34,764				
d. Dependent children under 21			569,595 *	283,089				
e. Adults in families with dependent children			222,997	202,035				
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:			140,942	86,103				
a. Age 65 and over			46,531	33,456				
b. Blindness			513	278				
c. Permanent and total disability			44,386	26,010				
d. Dependent children under 21			38,624 **	18,694				
e. Adults in families with dependent children			10,888	7,665				
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Includes ADC-FC Cat 05

** Includes FC Cat 95, 98 and 4 Mos Extension

* Indicate surgical fee, anesthesia fee, hospitalization fee, or the [illegible]

STATE ILLINOIS

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)					
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*	[illegible]	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	#	Amount
1. Total (Sum of items 2-4)	3,423	$1,693,867.70	2,269	$920,516	212	$24,934	144	$60,243	57	$15,91[illegible]
2. Received money payments:										
Automatically eligible for medical assistance:										
a. Age 65 or over										
b. Blindness										
c. Permanent and total disability										
d. Dependent children under 21										
e. Adults in families with dependent children										
Eligible for medical assistance only after spending excess income on medical expenses:										
f. Age 65 or over										
g. Blindness										
h. Permanent and total disability										
3. Financially eligible for maintenance assistance but did NOT receive money payments:										
a. Age 65 and over										
b. Blindness										
c. Permanent and total disability										
d. Dependent children under 21										
e. Adults in families with dependent children										
4. NOT eligible for maintenance assistance:										
a. Age 65 and over										
b. Blindness										
c. Permanent and total disability										
d. Dependent children under 21										
e. Adults in families with dependent children										
f. All other:										
(1) Under age 21										
(2) Age 21-64										

*Includes surgical, anesthesia fees, fees paid to doctors assisting in the completion of a procedure, multiprocedures and procedures completed in hospitals and in physicians' offices. It does not include hospital per diem fees.

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

STATE INDIANA July 1976 - June 1977 *Includes surgical fees only

Participate in MMIS [X] Yes, [ ] No

If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (9 & 5): Number of Procedures	Tonsillectomies (9 & 5): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of Items 2-4)					40,797	3,463,153	1,314	174,127
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over					218	4,370		
b. Blindness					132	14,779		
c. Permanent and total disability					4,293	319,207		
d. Dependent children under 21					16,249	1,002,467	1,074	139,715
e. Adults in families with dependent children					13,748	1,627,385	174	25,155
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over					564	8,319		
b. Blindness					72	9,547		
c. Permanent and total disability					3,934	349,069		
d. Dependent children under 21					1,162	82,248	59	8,207
e. Adults in families with dependent children					425	45,762	7	1,050
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate surgical fee, anesthesia fee, hospital [illegible]

STATE INDIANA

July 1976 - June 1977 *Includes surgical fees only

Maintenance assistance status of recipient on basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
					Number of Procedures			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	576	264,362	363	152,123	222	29,445	8	3,404
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over			1	140				
b. Blindness			1	500	1	150		
c. Permanent and total disability	34	15,125	31	12,954	16	2,295	3	1,385
d. Dependent children under 21	3	1,350	5	2,129	33	4,114		
e. Adults in families with dependent children	500	230,703	272	114,710	153	20,164	4	1,619
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness	1	324	1	450				
c. Permanent and total disability	20	9,567	39	15,966	13	2,047	1	400
d. Dependent children under 21			3	1,230	2	222		
e. Adults in families with dependent children	18	7,293	10	4,044	4	453		
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate whether surgeons fees, anesthesia fees, hospitalization costs or the sum of all 3.

STATE Iowa

Participate in MMIS [ ] Yes, [ ] No

If no, plan to enter 7-1-79

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (♀ & ♂): Number of Procedures	Tonsillectomies (♀ & ♂): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	211,108	129,190	137,534	82,222				
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	12,013		12,412	10,046				
b. Blindness	1,010		807	445				
c. Permanent and total disability	15,400		11,421	6,767				
d. Dependent children under 21	104,845		62,910	30,755				
e. Adults in families with dependent children	81,144		31,164	27,887				
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	2,569		1,517	8,488				
b. Blindness	87		91	65				
c. Permanent and total disability	1,339		1,549	831				
d. Dependent children under 21	1,193							
e. Adults in families with dependent children	743							
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	7,634		421	299				
b. Blindness	31		19	12				
c. Permanent and total disability	550		340	204				
d. Dependent children under 21	121		76	43				
e. Adults in families with dependent children	65							
f. All others:								
(1) Under age 21	5,653		3,413	1,161				
(2) Age 21-64			360	24				

* Indicate surgical fee, anesthesia fee, hospital [illegible]

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total PAYMENTS*	RADICAL MASTECTOMIES	TOTAL PAYMENTS*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)								
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

1133 TOPEKA AVENUE, TOPEKA, KANSAS 66601 • 913/232-1000

Blue Cross®
of Kansas

Blue Shield®
of Kansas

November 1, 1977

Congress of The United States
House of Representatives
Subcommittee on Oversight and Investigations
of the
Committee on Interstate and Foreign Commerce
Washington, D.C. 20515

Attention: Ms. Kitty Meyers

Dear Ms. Meyers:

This is in response to Congressman Moss' September 29th letter concerning validation of Medicaid data previously submitted by our State Agency.

With respect to the information furnished you by Mr. Duane Koll on July 3, 1975 (attached) we agree with all of the data forwarded except the total of all surgical procedures. This was originally stated as 33,126 procedures. Our re-review of this report indicates that the correct figure should be 24,182 procedures. This correction is the result of an error in the original report we made to Mr. Koll in 1975 because of erroneous coding of multiple surgery procedures.

In answer to your request for July 1, 1976 through June 30, 1977 data, I regret that we cannot furnish any information related to ICDA coding as our surgical history files do not incorporate ICDA codes. We can however provide you with current information concerning those procedures submitted by Mr. Koll in 1975. (see attached)

I hope this will help you. Please let us know if we may be of further assistance.

Sincerely,

Bruce A. Adair
Vice President
Government Programs

BAA/ds

cc: Duane Koll
Kansas State Department of
Social and Rehabilitation Services

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EXHIBIT I

Surgical Services incurred in the 12 months ending June 30, 1977 based on Title XIX physician's claims paid by September 30, 1977 (represents an estimate of 99% of total incurred).*

	Surgical Procedures	Total Charges	Allowed Charges
All Surgery	27,447	$ 4,910,239	$ 3,580,345
All Ass't Surgery	4,412	375,519	243,782
T & A's (all ages)			
Surgery	1,233	199,556	155,854
Ass't Surgery	2	101	67
Hysterectomy			
Surgery	527	296,937	235,904
Ass't Surgery	310	47,041	32,626
Cholecystectomy			
Surgery	392	185,784	144,194
Ass't Surgery	189	26,889	15,791

*Does not include those Categories of Public Assistance involving Supplemental insurance to Medicare (SSI and OA). Specifically, categories 11, 12, 14, and 82.

MR/rp
Professional Records
October 20, 1977

KENTUCKY MEDICAL ASSISTANCE PROGRAM

Physician Inpatient Reimbursement Change
Fiscal Year 1975-76

Effective January 1, 1975, the Kentucky Medical Assistance Program began a conversion of its physician in-hospital payment mechanism. In lieu of the existing flat-rate schedule, physicians were to be reimbursed at a level of 62% of the usual, customary and reasonable allowable fee. Physician in-hospital fee profiles were established, using profile data from the Medicare Part B Title XVIII carrier in Kentucky and Medicaid billing information as a base. Payments for out-of-hospital services continued to be made at a rate of 100% of the usual and customary fee. Payment under the new system was actually implemented during July, 1975. Physicians were to begin itemizing on the billing form all inpatient services for which there normally would be a charge. The Program adopted the New York Relative Value Scale as a source for the procedural coding necessary on the billing form.

A further revision of the payment system, effective January 1, 1976, reduced the possibility that physicians would receive less than under the flat-fee system. According to the newly revised system, physicians were to be reimbursed at a rate of 100% for the first $50.00 of an allowed charge, on a procedure by procedure basis, with the remaining amounts to be paid at a rate of 62% of the usual and customary allowable fee.

The total number of in-hospital surgeries performed by physicians during fiscal year 1975-76 was 21,184 at a cost of $1,354,733.37.

There were 37,912 surgical procedures performed by physicians in hospitals totalling $3,496,597.08 during fiscal year 1976-77.

KENTUCKY

Fiscal Year 1976-77
(July 1, 1976 - June 30, 1977)

Participate in MMIS [ ] Yes, [X] No

If no, plan to enter April, 1978

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles				Total Surgical Procedures		Ambulatory Services	
	Unduplicated yearly total		Average Monthly Number		Number of Procedures	Total Payments *	Number of Procedures	Total Payments *
	Total	Female	Total	Female				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	NOT AVAILABLE		361,228	NOT AVAILABLE	22,489	$ 20,056,709.07	1,130	$ 340,060.86
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

KENTUCKY

Fiscal Year 1976-77
(July 1, 1976 - June 30, 1977)

Maintenance assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
					Number of Procedures			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Partial Mastectomies	Total PAYMENTS*	RADICAL MASTECTOMIES	TOTAL PAYMENTS*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	964	$ 1,040,590.86	715	$ 847,882.75	280	$ 141,073.75	38	$ 44,971.70
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1). Under age 21								
(2) Age 21-64								

The unduplicated yearly total number of eligibles and information on questions 2 through 4 concerning the maintenance assistance status of recipients and basis of eligibility for medical care is not available at this time.

The procedures and payments for these surgical procedures includes hospitalization costs and anesthesia supply fees.

The ICDA codes used to designate the requested surgical procedures are as follows:

SURGICAL PROCEDURE	SURGICAL ICDA CODE(s)
Tonsillectomy	21.1, 21.2
Cholecystectomy	43.5
Hysterectomy	69.1, 69.2, 69.3, 69.4, 69.7, and 69.8
Partial Mastectomy	65.2, 65.3, and 65.4
Radical Mastectomy	65.5, 65.6

MAINE

Participate in HMLS [xxx] Yes, [_] No
(being implemented)
If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (C: Number of Procedures	Tonsillectomies (C: Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	122,665	N/A	98,315	N/A	33,250	3489242.21	1,065	73,979.42
2. Received money payments:								
Automatically eligible for medical assistance	93,503		74,349		27,822	2949722.65	880	61,125.27
a. Age 65 or over	10,819		10,340		369	33273.33	1	215.00
b. Blindness	248		204		109	12880.35	2	183.00
c. Permanent and total disability	11,802		9,713		3,213	471088.86	9	658.50
d. Dependent children under 21	49,353		37,795		11,840	556543.43	866	60,068.77
e. Adults in families with dependent children	21,281		16,297		12,291	1871936.68	-----	
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over	----		-----		-----		----	
g. Blindness	----		-----		-----		----	
h. Permanent and total disability	----		-----		-----		----	
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	-----		-----		------		----	
b. Blindness	-----		-----		------		----	
c. Permanent and total disability	-----		------		------		----	
d. Dependent children under 21	----		------		-----		------	
e. Adults in families with dependent children	----		-----		----		------	
4. NOT eligible for maintenance assistance:	29,162		23,966		5,428	539519.56	185	12,854.20
a. Age 65 and over	8,081		7,724		96	12950.02	-----	
b. Blindness	11		9		-----		------	
c. Permanent and total disability	2,712		2,232		506	70428.88	1	12.00
d. Dependent children under 21	3,122		2,391		3,062	233802.41	153	10,537.60
e. Adults in families with dependent children	14,231		10,898		1,340	200985.89	-----	
f. All other:								
(1) Under age 21	1,005		712		424	21352.36	31	2,304.60
(2) Age 21-64	-----		-----		----		-----	

N/A = Not available. Payments are for surgeons and anesthesia.

MAINE

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	813	187,403.25	500	104,669.90	36	5,703.95	18	4,843.90
2. Received money payments:								
Automatically eligible for medical assistance	699	161,740.56	417	88,217.45	25	4,042.93	14	3,242.90
a. Age 65 or over	5	1,569.20	16	1,894.46	3	344.32	------	
b. Blindness	----		4	848.40	1	43.80	1	315.00
c. Permanent and total disability	85	19,544.09	119	26,129.25	13	2,314.61	9	2,199.05
d. Dependent children under 21	----		----		----		----	
e. Adults in families with dependent children	609	140,627.27	278	59,345.34	8	1,340.20	4	728.85
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over	----		----		----		----	
g. Blindness	----		----		----		----	
h. Permanent and total disability	----		----		----		----	
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	----		----		----		----	
b. Blindness	----		----		----		----	
c. Permanent and total disability	----		----		----		----	
d. Dependent children under 21	----		----		----		----	
e. Adults in families with dependent children	----		----		----		----	
4. NOT eligible for maintenance assistance:	114	25,662.69	83	16,452.45	11	1,661.02	4	1,601.00
a. Age 65 and over	1	459.40	5	923.20	1	15.12	----	
b. Blindness	----		----		----		----	
c. Permanent and total disability	15	3,510.50	14	2,928.72	7	1,150.30	----	
d. Dependent children under 21	----		64	12,600.53	3	495.60	4	1,601.00
e. Adults in families with dependent children	98	21,692.79	----		----		----	
f. All other:								
(1) Under age 21	----		----		----		----	
(2) Age 21-64	----		----		----		----	

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

MARYLAND

If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Unduplicated yearly total: Female	Average Monthly Number: Total	Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (?&6): Number of Procedures	Tonsillectomies (?&6): Total Payments
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of Items 2-4)	421,502	264,012	316,044	198,201	24,171	$2,798,174	1091	73,907
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	22,383	15,816	19,809	13,997	146	20,431	—	—
b. Blindness	460	234	420	214	33	4,705	—	—
c. Permanent and total disability	34,046	19,100	29,991	16,825	3366	454,254	15	1045
d. Dependent children under 21	208,339	131,837	155,342	98,300	7107	712,138	804	53114
e. Adults in families with dependent children	89,070	55,098	65,001	41,133	9158	1,101,005	120	9880
Eligible for medical assistance only after spending excess income on medical expenses:								
a. Age 65 or over					—	—	—	—
b. Blindness					—	—	—	—
c. Permanent and total disability					—	—	—	—
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over					—	—	—	—
b. Blindness					—	—	—	—
c. Permanent and total disability					—	—	—	—
d. Dependent children under 21					—	—	—	—
e. Adults in families with dependent children					—	—	—	—
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	23,786	17,685	17,503	13,013	98	11,499	—	—
b. Blindness	59	29	44	22	—	—	—	—
c. Permanent and total disability	7,092	3,495	5,335	2,629	596	77,351	2	99
d. Dependent children under 21	32,333	15,992	19,583	9,686	2654	283,080	140	8,769
e. Adults in families with dependent children	5741	4,564	2,816	2,239	998	130,608	10	800
f. All other:								
(1) Under age 21					—	—	—	—
(2) Age 21-64	193	162	170	143	15	3,123	—	—

STATE _____

Maintenance assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	585	144,196	350	86,976	26	3580	18	4921
2. Received money payments:								
Automatically eligible for medical assistance:								
a. Age 65 or over	2	513	4	774	—	—	—	—
b. Blindness	—	—	1	261	—		—	
c. Permanent and total disability	52	13,405	64	15,532	4	552	9	2378
d. Dependent children under 21	13	2905	27	6384	9	1171	—	
e. Adults in families with dependent children	460	113,956	264	51,822	8	1102	4	1228
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over	—	—						
g. Blindness	—	—						
h. Permanent and total disability	—	—						
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	—	—						
b. Blindness	—	—						
c. Permanent and total disability	—	—						
d. Dependent children under 21	—	—						
e. Adults in families with dependent children	—	—						
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	—	—	1	226	1	143	—	—
b. Blindness	—	—	—	—				
c. Permanent and total disability	3	693	10	2385	—	—	4	1008
d. Dependent children under 21	1	198	10	2603	2	276	—	—
e. Adults in families with dependent children	52	12,104	27	6466	2	336	1	307
f. All other:								
(1) Under age 21	—	—			—	—		
(2) Age 21-64	—	—	—	—	—	—	—	—
	2	522	2	523	—	—		

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

The Commonwealth of Massachusetts
Department of Public Welfare
600 Washington Street, Boston 02111

ALEXANDER E. SHARP
COMMISSIONER

August 8, 1978

Ms Kitty Meyers
Administrative Assistant
Subcommittee on Oversight and Investigations
House of Representatives
Washington, D.C., 20515

Dear Ms. Meyers:

Enclosed is the information on numbers of eligibles promised in my letter of June 12 (copy also enclosed).

Please note the following:

1. the figures for "Received Money Payments", category # 2, can be broken out only to the level shown. Sub categories a. and b. are combined, as are d. and e.;

2. "spend down" eligibles are included in category # 3;

3. in category # 3, only sub-categories a. and b. need be combined and are;

4. Category # 4 includes only recipients in the Massachusetts General Relief program, a program for which no FFP is received by the State and technically not included in the Title XIX program; and,

5. the second figure in each column, those in parenthesis, are the totals with the figures from category # 4 excluded.

As I mentioned in my first letter, statistics from the five Massachusetts PSROs are needed before the requested information on surgery rates can be supplied - we have not yet received any.

I hope this information is useful. Please contact me with any questions.

Sincerely,

William F. Decker

William F. Decker
Assistant Director,
Acut Care

WFD/rs

STATE MASS.

Participate in MMIS ☐ Yes, ☒ No

If no, plan to enter 1/1/79

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Unduplicated yearly total: Female	Average Monthly Number: Total	Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Consultations (5 & 6): Number of Procedures	Consultations (5 & 6): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	2,097,859		345,674					
2. Received money payments:	(1,967,433)		(324,616)					
Automatically eligible for medical assistance								
a. Age 65 or over	458,334		76,885					
b. Blindness								
c. Permanent and total disability	318,640		52,683					
d. Dependent children under 21	711,074		116,439					
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	253,380		41,855					
b. Blindness								
c. Permanent and total disability	53,643		8,683					
d. Dependent children under 21	121,380		19,786					
e. Adults in families with dependent children	50,982		8,280					
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	130,426		21,058					
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

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STATE MASS

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)								
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

STATE MINNESOTA

If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total (1)	Unduplicated yearly total: Female (2)	Average Monthly Number: Total (3)	Average Monthly Number: Female (4)	Total Surgical Number of Procedures (5)
1. Total (Sum of items 2-4)	281,123	175,856	221,160	128,709	20,496
2. Received money payments:	214,011	133,591	162,847	97,088	17,288
a. Age 65 or over	12,277	8,147	10,794	6,692	19
b. Blindness	394	210	374	196	43
c. Permanent and total disability	13,642	7,669	11,984	6,165	1,247
d. Dependent children under 21	5,881	4,340	4,370	3,099	7,420
e. Adults in families with dependent children	181,817	113,225	135,325	80,936	8,559
Eligible for medical assistance only after spending excess income on medical expenses:					
f. Age 65 or over					
g. Blindness					
h. Permanent and total disability					
3. Financially eligible for maintenance assistance but did not receive money payments:					
a. Age 65 or over					
b. Blindness					
c. Permanent and total disability					
d. Dependent children under 21					
e. Adults in families with dependent children					
4. NOT eligible for maintenance assistance:	67,112	42,265	58,313	31,621	3,208
a. Age 65 or over	27,698	17,787	24,973	14,262	45
b. Blindness	318	149	216	64	9
c. Permanent and total disability	13,255	7,851	11,997	6,374	528
d. Dependent children under 21	1,584	1,005	699	380	141
e. Adults in families with dependent children	6,093	3,685	2,690	1,409	205
f. All other:					
(1) Under age 21					1,647
(2) Age 21-84	18,164	11,788	17,738	9,132	633

Procedures	Tonsillectomies		Hysterectomies		Cholecystectomies		Mastectomies Number of Procedures			
Total Payments*	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Partial Mastectomies	Total Payments	Radical Mastectomies	Total Payments
(6)	(7)	(8)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2,885,475.75	1,545	145,711.62	1080	311,211.95	903	336,861.40	65	12,376.00	61	22,304.15
1,248,983.44	1,393	131,002.98	1004	286,022.95	773	292,851.50	47	8,763.80	40	16,057.00
2,937.40	0	0	0	0	3	884.00	0	0	0	0
5,365.30	0	0	0	0	8	1,586.00	0	0	0	0
250,390.25	1	49.00	62	16,131.00	123	37,423.80	7	1,601.60	7	1,478.20
662,415.08	1,242	116,761.30	16	8,023.00	73	66,855.00	12	1,910.00	5	684.00
1,327,875.41	150	14,192.68	926	261,868.95	566	186,108.70	28	5,252.20	28	13,934.80
636,492.31	152	14,708.64	76	25,189.00	130	44,003.90	18	3,612.20	21	6,247.15
84,032.60	0	0	3	520.00	4	1,216.80	0	0	3	1,032.60
2,860.00	0	0	0	0	1	468.00	0	0	0	0
129,292.84	3	305.60	31	13,002.00	41	13,004.60	5	990.40	13	3,595.95
15,900.08	22	1,905.08	0	0	2	1,040.00	0	0	0	0
42,793.54	1	124.80	28	8,080.00	2	9,542.50	3	380.00	3	526.60
225,192.27	112	11,282.36	4	1,087.00	28	3,122.00	4	634.20	0	0
136,420.98	14	1,396.40	10	2,500.00	32	10,610.00	6	1,539.60	2	1,092.00

Mississippi Medicaid Commission
P. O. BOX 5160
JACKSON, MISSISSIPPI 39216
(601) 354-7464

B. F. SIMMONS
DIRECTOR

1977 DEC 13 PM 11:41
SUBCOMMITTEE ON OVERSIGHT & INVESTIGATIONS
RECEIVED

JESSE O. ADCOCK, CHAIRMAN
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GEORGE S. SMITH
SEN. WM. G. BURGIN, JR.
SEN. NAP L. CASSIBRY
REP. MILTON CASE
REP. CHARLES M. DEATON

December 9, 1977

The Honorable John E. Moss
Chairman, Oversight and Investigations Subcommittee
Congress of the United States
House of Representatives
Washington, D. C. 20515

Dear Mr. Moss:

Please refer to our letter of November 14, 1977, in regard to your questionnaire concerning surgical procedures. We now have obtained additional data.

As outlined in our previous letter, all data is from Fiscal Year, 1977, which runs from July 1, 1976, to June 30, 1977.

1. The average cost per day for inpatient hospital care during FY 77 was $113.49. No breakdown of information is available for males and females.

2. Mississippi is not a participant in MMIS, but hopes to enter the system during 1978.

3. Total number of different persons eligible at some time during the year:

OAA	92,459
AB	1,918
APTD	33,454
AFDC Children	179,367
AFDC Adults	52,294
CWS Foster Care	1,208
TOTAL	360,700

Average number of persons eligible monthly:

OAA	81,063
AB	1,776
APTD	27,610
AFDC Children	142,727
AFDC Adults	42,327
CWS Foster Care	800
TOTAL	296,303

Honorable John E. Moss
Page Two
December 9, 1977

Mississippi does not have eligibles separated into subcategories as defined by their money payment status in SRS-NCSS form 2082. This information is available only for recipients.

4. The total number of surgical procedures involving Medicaid reimbursement was 41,591, although only 11,394 of these were inpatient surgical procedures. Total payments totaled $2,459,621.00. These payments are for surgeons' fees. The total payments are not available by major eligibility categories.

5. The total number of tonsilectomies performed was 750.

   Average days of hospitalization for this procedure..... 2.37
   Fee paid to physician for tonsilectomies (under age 12).....$50.00
   Fee paid to physician for tonsilectomies (age 12 or over).....$55.00
   Total Cost.....$239,228.00
   This total cost represents fees paid to physicians plus hospital fees.

6. The total number of hysterectomies performed was 475.

   Average days of hospitalization for this procedure.....9.25
   Fee paid to physician.....$150.00
   Total Cost.....$569,925.00
   This total cost represents fees paid to physicians plus hospital fees.

7. The total number of cholecystectomies performed was 329.

   Average days of hospitalization for this procedure 11.70
   Fee paid to physician (cholecystectomy).....$225.00
   Cholecystectomy with exploration of common duct.....$260.00
   Total Cost.....$510,848.00
   This total cost represents fees paid to physicians plus hospital fees.

8. The total number of mastectomies performed was 27.

   Average days of hospitalization for this procedure.....10.67
   Fee paid to physician for complete (simple) mastectomy
   unilateral.....$100.00
   bilateral.....$200.00
   Radical mastectomy including breast, pectoral muscles and
   axillary lymph nodes.....$200.00
   Total Cost..... $36,735.00
   This total cost represents an average fee of $150.00 plus hospital fees.

If you have any questions related to this, please direct them to Mr. Roy Willingham, Program Analyst (601-354-7464).

Sincerely,

William R. Allen
Deputy Director

WRA-RW-jc
Attachment

STATE Mississippi

Participate in MMIS ☐ Yes, ☒ No

If no, plan to enter During 1978

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (♀&♂): Number of Procedures	Tonsillectomies (♀&♂): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	360,700		296,303				750	$239,228
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* surgical fee and hospitalization costs.

* Indicate surgical fee, anesthesia fee, hospitalization [illegible]

STATE Mississippi

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	RADICAL MASTECTOMIES	TOTAL PAYMENTS*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	475	$569,925	329	$510,848	**27	$36,735		
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

*surgical fees and hospital costs ** unable to break out partials and radicals

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

FY 1977 (July, 1976 - June, 1977)

STATE Missouri

Participate in MMIS ☐ Yes, ☒ No

If no, plan to enter last quarter of 1979

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Unduplicated yearly total: Female	Average Monthly Number: Total	Average Monthly Number: Female	Vessel Surgical Procedures: Number of Procedures	Vessel Surgical Procedures: Total ** Payments *	Vasectomies (Ma: Number of Procedures	Vasectomies (Ma: Total Payments
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	509,710	331,312	395,811	257,277	30,651	2,115,310		
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	49,442	32,137	38,394	24,956				
b. Blindness	2,549	1,657	1,979	1,286	326	23,268		
c. Permanent and total disability	9,684	6,295	7,520	4,888	2,112	145,956		
d. Dependent children under 21	168,714	109,664	131,013	85,158	5,891	406,140		
e. Adults in families with dependent children	82,573	53,672	64,121	41,679	8,070	556,327		
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	55,048	35,781	42,748	27,786				
b. Blindness	1,529	994	1,187	772	195	12,692		
c. Permanent and total disability	29,563	19,216	22,957	14,922	6,434	444,215		
d. Dependent children under 21	58,617	38,101	45,518	29,587	2,048	141,726		
e. Adults in families with dependent children	23,447	15,241	18,207	11,835	2,290	158,648		
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	1,019	662	792	515				
b. Blindness								
c. Permanent and total disability	1,019	662	792	515	219	14,807		
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21	6,626	4,307	5,146	3,345	766	52,883		
(2) Age 21-64	19,880	12,923	15,437	10,033	2,300	158,648		

** Includes surgeons' fees and anesthesia fees only and are exclusive of any Medicare deductibles and co-insurance.

* Indicate surgical fee amount

MONTANA

RECIPIENT MAINTENANCE AND ASSISTANCE STATUS

Received Money Payments

Procedure	Age 65 or older Services Number	Age 65 or older Services Cost($)	Blindness Services Number	Blindness Services Cost($)	Permanent and total Disability Services Number	Permanent and total Disability Services Cost($)	Dependent children under 21 Services Number	Dependent children under 21 Services Cost($)	Adults in families with dependent children Services Number	Adults in families with dependent children Services Cost($)
Breast (incision, excision, repair) (19000 19499)	0	0	0	0	80	2190	10	436	53	2263
Musculoskeletal system (20000 29799)	1159	46190	71	2514	6004	227612	2092	52215	2218	63863
Nose, sinuses, larynx (30000 31590)	16	235	0	0	88	2477	117	2161	66	4157
Trachea, bronchi, lungs and pleura (31600 32961)	67	859	0	0	194	5937	49	1465	26	1243
Heart and pericardium (33000 33805)	0	0	0	0	1058	21570	41	1390	248	9475
Arteries and veins (34000 37785)	13	187	0	0	774	25155	202	3754	242	7552
Lips, tongue, teeth, gums, palate, uvula, salivary glands and ducts (40190 42509)	0	0	44	1178	201	2888	604	7346	110	1319
Stomach, intestines, divorticulum and appendix (43500 44950)	46	900	0	0	694	27176	304	13140	721	25368
Rectum and anus (45000 46930)	26	197	1	14	185	4837	15	419	146	2953
Urinary system (50000 53661)	16	118	4	106	406	15114	326	5939	396	10114
Female genital system (56000 58999)	3	566	28	1460	420	16696	87	2133	2793	124992
Maternity care and delivery (59000 59889)	0	0	0	0	96	7749	142	16005	2317	356128
Endocrine system (60000 60605)	17	120	0	0	1	334	15	382	123	3430
Nervous system (61000 64960)	1	14	14	418	1008	30365	630	12432	983	21954
Eye (65100 68840)	27	3383	52	1442	446	25404	226	8506	190	7672
Ear (69000 69920)	0	0	25	802	209	5571	692	16077	242	10332
TOTALS*	1391	52769	239	7933	11864	421073	5552	143800	10874	652813

Surgeries paid between July 1, 1976 and June 30, 1977 by Montana Medicaid.

*Totals may vary due to rounding

RECIPIENT MAINTENANCE AND ASSISTANCE STATUS

Financially Eligible for Maintenance Assistance but did not Receive Money Payments

Procedure	Age 65 or older Services Number	Age 65 or older Services Cost($)	Blindness Services Number	Blindness Services Cost($)	Permanent and total Disability Services Number	Permanent and total Disability Services Cost($)	Dependent children under 21 Services Number	Dependent children under 21 Services Cost($)	Adults in families with dependent children Services Number	Adults in families with dependent children Services Cost($)
Breast (incision, excision, repair) (19000 19499)	0	0	0	0	13	308	24	298	11	342
Musculoskeletal system (20000 29799)	1513	29146	8	44	1018	30954	354	12474	285	9461
Nose, sinuses, larynx (30000 31590)	0	0	0	0	19	216	36	236	1	10
Trachea, bronchi, lungs and pleura (31600 32961)	4	424	0	0	52	1187	43	528	1	124
Heart and pericardium (33000 33805)	57	403	0	0	225	4144	58	1492	61	2771
Arteries and veins (34000 37785)	3	59	0	0	126	6419	62	644	20	1827
Lips, tongue, teeth, gums, palate, uvula, salivary glands and ducts (40490 42509)	1	103	0	0	46	469	87	845	0	0
Stomach, intestines, diverticulum and appendix (43500 44950)	6	987	0	0	90	4887	23	1600	32	2518
Rectum and anus (45000 46930)	1	16	0	0	12	264	2	78	41	736
Urinary system (50000 53661)	0	0	0	0	84	2042	15	429	21	1075
Female genital system (56000 58999)	0	0	0	0	61	2023	11	630	324	14322
Maternity care and delivery (59000 59889)	0	0	0	0	3	838	10	2954	370	44299
Endocrine system (60000 60605)	0	0	0	0	1	393	0	0	24	814
Nervous system (61000 64960)	0	0	0	0	462	13637	87	2410	144	3336
Eye (65100 68840)	0	0	1	542	265	8893	38	1159	2	41
Ear (69000 69920)	0	0	0	0	36	998	115	2743	0	0
TOTALS*	1585	31139	9	585	2513	77669	965	28521	1337	81677

Surgeries paid between July 1, 1976 and June 30, 1977 by Montana Medicaid.

*Totals may vary due to rounding

RECIPIENT MAINTENANCE AND ASSISTANCE STATUS

Not Eligible for Maintenance Assistance

Procedure	Age 65 or older Services Number	Age 65 or older Services Cost($)	Blindness Services Number	Blindness Services Cost($)	Permanent and total Disability Services Number	Permanent and total Disability Services Cost($)	Dependent children under 21 Services Number	Dependent children under 21 Services Cost($)	Adults in families with dependent children Services Number	Adults in families with dependent children Services Cost($)
Breast (incision, excision, repair) (19000 19499)	0	0	0	0	51	883	0	0	33	1129
Musculoskeletal system (20000 29799)	2084	51966	6	600	981	40169	14	816	358	14755
Nose, sinuses, larynx (30000 31590)	1	598	0	0	11	1263	0	0	4	507
Trachea, bronchi, lungs and pleura (31600 32961)	0	0	0	0	72	1663	3	422	3	384
Heart and pericardium (33000 33805)	1	161	0	0	166	3973	0	0	66	5055
Arteries and veins (34000 37785)	46	401	0	0	208	8553	76	1583	17	894
Lips, tongue, teeth, gums, palate, uvula, salivary glands and ducts (40490 42509)	31	186	0	0	56	1149	0	0	51	616
Stomach, intestines, diverticulum and appendix (43500 44950)	18	108	1	81	177	5284	17	120	108	2159
Rectum and anus (45000 46930)	2	36	2	30	24	484	0	0	18	413
Urinary system (50000 53661)	4	83	0	0	69	2689	0	0	55	1257
Female genital system (56000 58999)	0	0	0	0	63	2247	0	0	314	10390
Maternity care and delivery (59000 59889)	0	0	0	0	0	0	0	0	145	15005
Endocrine system (60000 60605)	1	414	0	0	1	334	0	0	0	0
Nervous system (61000 64960)	1	55	0	0	243	5231	0	0	74	1978
Eye (65100 68840)	19	1558	0	0	23	2202	0	0	14	449
Ear (69000 69920)	0	0	0	0	3	24	0	0	27	1370
TOTALS*	2208	55567	9	712	2148	76150	110	2942	1287	56360

Surgeries paid between July 1, 1976 and June 30, 1977 by Montana Medicaid.

*Totals may vary due to rounding

State of Nebraska
Department of Public Welfare

J. James Exon, Governor
Eldin J. Ehrlich, Director

1977 OCT 31 PM 5:53
SUBCOMMITTEE ON OVERSIGHT & INVESTIGATIONS
RECEIVED
1977 OCT 31 PM 9 35

October 26, 1977

The Honorable John E. Moss
Chairman, Oversight and Investigations
Subcommittee
Congress of the United States
House of Representatives
Washington, D.C. 20515

RE: Letter of September 30, 1977

Congressman Moss:

Attached please find the information requested in your letter of September 30, 1977. Attachment "A" summarizes the information requested. Attachment "B" summarizes the input parameters and justification.

If you have any questions or comments regarding the attached information, please contact Maureen Murray, Medical Data Processing Consultant at telephone (402) 471-3121, Ext. 147.

Sincerely,

Eldin J. Ehrlich

Eldin J. Ehrlich
State Director

EJE:mm

Attachments

cc: L. Nedrow
R. Wright RSW
D. Hogg

Mail: P.O. Box 95026 / Lincoln, Nebraska 68509 • Offices: 301 Centennial Mall South / Fifth Floor • Telephone: 402 / 471-3121

Congressman Moss
October 26, 1977

Attachment "B"

INPUT PARAMETERS AND JUSTIFICATION

In support of the data presented, the following parameters were used for the data retrieval:

1. Claims paid between July 1, 1976, and June 30, 1977, were utilized.

2. The Number of Procedures counts were based on the ICDA-8 Surgical procedure codes. ICDA-8 codes utilized in the retrieval were 01 through 99.9 and A1 through A2.9. These ICDA-8 Surgical procedure codes were extracted from Inpatient and Outpatient Hospital Claim records.

3. Total Payments were based on the net amount of the Inpatient and Outpatient Hospital claim records containing the above referenced ICDA-8 Surgical procedure codes and the net line amount of the physician (surgeon, assistant surgeon, and anesthesiologist) claim records that contained a Current Procedural Terminology, Third Edition (CPT-3) procedure code between the range of 10000 through 69999.

4. Medicare/Medicaid claims were bypassed in the retrieval as the ICDA-8 Surgical procedure code is not contained on a Crossover Claim.

5. The unduplicate yearly eligible recipients is based on Fiscal Year October 1, 1976, through September 30, 1977. Breakdown by Category of Assistance is unavailable.

6. The Average Monthly Number of Eligible recipients is estimated based on the PAS-116. Average for October 1. 1976, through September 1. 1977. The female client count is based on the percentage calculated from the August, 1977 Client Eligibility Master.

7. Previous reports were submitted using the Relative Value procedure code (0100 through 6999) as the reporting base rather than the ICDA-8 Surgical procedure code thus causing an inflated number of surgical procedures. Each procedure has the potential of having three claims being filed (Surgeon, Assistant Surgeon, and Anesthesiologist) when using the Relative Value procedure coding systems as the basis of the counts.

8. Previous reports contained only the professional component, i.e., Surgeon, Assistant Surgeon, and Anesthesiologist thus reflecting a much lower total payments cost than in Fiscal Year 1976-1977.

Attachment "A"
Participating In MMIS

NEBRASKA DEPARTMENT OF PUBLIC WELFARE

SURGICAL PROCEDURES AND EXPENDITURES

Maintenance Assistance Status of recipient and basis of eligibility for medical care	NUMBER OF ELIGIBLES Unduplicated Total	Yearly Total Female	Average Monthly Nbr Total	Average Monthly Nbr Female	TOTAL SURGICAL PROCEDURES Number of Procedures	Total Payments	TONSILLECTOMIES Number of Procedures	Total Payments
1. Total	67,203	43,582	55,462	35,441	5,582	5,888,539.37	361	149,853.42
2. Money					4,375	4,231,466.92	309	127,703.10
a. Age 65 and Over			5,906	4,205	75	76,044.83		
b. Blind			188	105	7	11,325.22		
c. Total Disabled			5,548	3,296	543	1,005,498.18	2	897.20
d. Dependent Children under 21			23,320	11,474	1,714	992,490.70	263	104,239.33
e. Adults in families with Dependent Children			9,582	9,256	1,983	2,106,750.49	38	19,619.27
f. Other Children under 21			1,020	468	53	39,357.50	6	2,947.30
2a. Money Spenddown					58	86,935.63	2	886.00
a. Age 65 and Over			0	0	1	1,192.98		
b. Blind			0	0	1	983.60		
c. Total Disabled			0	0	25	49,234.39		
d. Dependent Children under 21			0	0	14	15,883.50	2	886.00
e. Adults in families with Dependent Children			0	0	16	18,278.16		
f. Other Children under 21			0	0	1	1,363.00		
3. Financially eligible for maintenance assistance but did OT receive money payment					0	0	0	0
a. Age 65 and Over			0	0	0	0	0	0
b. Blind			0	0	0	0	0	0
c. Total Disabled			0	0	0	0	0	0
d. Dependent Children			0	0	0	0	0	0
e. Adults in families with Dependent Children			0	0	0	0	0	0
f. Other Children under 21			0	0	0	0	0	0
4. No Money					1,149	1,570,136.82	50	21,264.32
a. Age 65 and Over			6,282	4,473	47	65,936.53		
b. Blind			37	21	3	4,514.42		
c. Total Disabled			1,563	928	279	700,138.88		70.00
d. Dependent Children			1,233	606	333	232,300.42	47	19,075.40
e. Adults in families with Dependent Children			519	488	459	545,181.86	2	1.960.92
f. Other Children under 21			264	121	28	22,064.71	1	158.00
g. Other Adults over 21			0	0				

Attachment "A"
Participating In MMIS

NEBRASKA DEPARTMENT OF PUBLIC WELFARE

SURGICAL PROCEDURES AND EXPENDITURES

Maintenance Assistance Status of recipient and basis of eligibility for medical care	HYSTERECTOMIES		CHOLECYSTECTOMIES		PARTIAL MASTECTOMY		RADICAL MASTECTOMY	
	Number of Procedures	Total Payments	Number of Procedures	Total Payments	Number of Procedures	Total Payments	Number of Procedures	Total Payments
1. Total	190	294,922.15	115	211,393.02	44	18,676.82	9	14,030.62
2. Money	152	236,393.91	81	144,664.20	34	14,777.57	5	7,148.99
a. Age 65 and Over	4	3,459.45	3	3,713.42	2	633.00	0	
b. Blind	0		0		0		0	
c. Total Disabled	19	33,269.30	19	44,869.81	6	1,809.05	3	2,814.89
d. Dependent Children under 21		98.00	2	4,378.65	2	685.50	0	
e. Adults in families with Dependent Children	129	119,567.16	57	91,702.32	24	11,650.02	2	4,334.10
f. Other Children under 21	0		0		0		0	
2a. Money Spendown	3	3,850.05	2	5,940.00	0	0	0	0
a. Age 65 and Over	0		0		0	0	0	0
b. Blind	0		0		0	0	0	0
c. Total Disabled	0		2	5,940.00	0	0	0	0
d. Dependent Children under 21	0		0		0	0	0	0
e. Adults in families with Dependent Children	3	3,850.05	0		0	0	0	0
f. Other Children under 21	0		0		0	0	0	0
3. Financially eligible for maintenance assistance but did NOT receive money payment	0	0	0	0	0	0	0	0
a. Age 65 and Over	0	0	0	0	0	0	0	0
b. Blind	0	0	0	0	0	0	0	0
c. Total Disabled	0	0	0	0	0	0	0	0
d. Dependent Children under 21	0	0	0	0	0	0	0	0
e. Adults in families with Dependent Children	0	0	0	0	0	0	0	0
f. Other Children under 21	0	0	0	0	0	0	0	0
4. No Money	35	54,678.19	32	60,788.82	10	3,899.25	4	6,881.63
a. Age 65 and Over	1	239.40	4	5,962.26	1	1,300.00	0	525.00
b. Blind	0		0		0		0	
c. Total Disabled	14	20,880.36	9	18,950.57	1	760.00	3	5,204.43
d. Dependent Children under 21	0		1	1,491.00	3	481.75	0	
e. Adults in families with Dependent Children	20	33,558.43	18	34,384.99	5	1,357.50	1	1,152.20
f. Other Children under 21	0		0		0		0	
g. Other Adults over 21	0		0		0		0	

STATE Nevada

Participate in MMIS ☐ Yes. ☒ No

If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (♀ & ♂): Number of Procedures	Tonsillectomies (♀ & ♂): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	26,325	NA	17,653	NA	4,447	777,099.08	95	14,101.08
2. Received money payments:		NA	NA	NA	NA	NA	NA	NA
Automatically eligible for medical assistance								
a. Age 65 or over	3,267							
b. Blindness	185							
c. Permanent and total disability	-0-							
d. Dependent children under 21	12,511							
e. Adults in families with dependent children	6,486							
Eligible for medical assistance only after spending excess income on medical expenses:	-0-	NA	NA	NA	NA	NA	NA	NA
f. Age 65 or over	-0-							
g. Blindness	-0-							
h. Permanent and total disability	-0-							
3. Financially eligible for maintenance assistance but did NOT receive money payments:		NA	NA	NA	NA	NA	NA	NA
a. Age 65 and over	-0-							
b. Blindness	-0-							
c. Permanent and total disability	-0-							
d. Dependent children under 21	-0-							
e. Adults in families with dependent children	-0-							
4. NOT eligible for maintenance assistance:		NA	NA	NA	NA	NA	NA	NA
a. Age 65 and over	1448							
b. Blindness	9							
c. Permanent and total disability	2419							
d. Dependent children under 21	-0-							
e. Adults in families with dependent children	-0-							
f. All other:								
(1) Under age 21	NA	NA	NA	NA	NA	NA	NA	NA
(2) Age 21-64	NA							

* Primary Surgical Fee Only NA - Not Available

* Indicate surgical fee, anesthesia fee, hospitali... or the sum of all ...

STATE Nevada

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
					Number of Procedures			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	99	59,177.83	27	13,631.31	-0-	-0-	-0-	-0-
2. Received money payments:								
Automatically eligible for medical assistance	NA	NA	NA	NA				
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:	NA	NA	NA	NA				
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:	NA	NA	NA	NA				
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:	NA	NA	NA	NA				
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21	NA	NA	NA	NA				
(2) Age 21-64								

* Primary Surgical Fee Only NA - Not Available

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

STATE New Hampshire

Participate in MMIS ☐ Yes, ☐ No

If no, plan to enter _____

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average monthly number: Total	Number of Eligibles: Average monthly number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (9 & 6): Number of Procedures	Tonsillectomies (9 & 6): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	53,825	34,787	39,851	25,756	① 38,175	① 1,092,400	193	2,356.75
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

① includes surgeon, assist surgeon + anesthesia units + payments

* Indicate number [illegible]

35-786 O - 78 - 7

STATE NH

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	137	48,314.	98	32,150.	3	697	3	1105
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

The Prudential Insurance Company of America
Drawer 471, Millville, New Jersey 08332

Edward P. Hughes
Associate General Manager
Governmental Health Programs Office

1977 OCT 31 PM 6:07
SUBCOMMITTEE ON
OVERSIGHT & INVESTIGATIONS

October 28, 1977

Honorable John E. Moss, Chairman
Subcommittee on Oversight and Investigations
Room 2323
Rayburn House Office Building
Washington, D.C. 20515

Dear Sir:

I am pleased to respond to your letter of September 29, 1977.

Attachment I enclosed, consisting of nine separate charts, contains all of the data requested pertaining to payments for surgical procedures under our contract with the State of New Jersey as a Medicaid fiscal agent. Attachment II is a listing of all codes and narrative descriptions of the procedures included in the survey.

As you may know, New Jersey utilizes the services of two fiscal agents to assist in the administration of its Medicaid Program, The Prudential Insurance Company of America and Hospital Service Plan of New Jersey (Blue Cross). It is my understanding that the latter organization will also be furnishing data pertaining to Medicaid expenditures for surgical procedures. While it would be proper for your staff to add the total dollars reported by both Contractors to determine monies expended by the New Jersey Medicaid Program, they should <u>not</u> add together the <u>number</u> of procedures. To do so would incorrectly inflate the incidence of surgery as the data reported by Blue Cross relative to the number of surgical procedures performed would be duplicative of that reported by Prudential.

It should also be noted that our report includes all surgical procedures, major and minor, performed in all settings; i.e. office, inpatient and outpatient hospital, etc.

I have reviewed the copies of the reports previously submitted by the State in response to the Subcommittee's past two surveys and find that they do not accurately depict the number of surgical procedures paid for by the New Jersey Medicaid Program in calendar year 1974. The data is based on figures furnished to the State by Prudential following a request for

the number of times those procedures listed in the surgical section of the coding manual were performed in 1974. The surgical section of the coding manual includes, among other things, some twenty (20) codes for eye care services, other than surgery, as well as codes for prenatal care. Thus, the reported figure of 235,055 surgical procedures was highly inflated by the inclusion of these very common, non-surgical procedures. Subsequently, we learned the purpose for which the data was requested and the exact nature of the request. Whereupon, we immediately notified the State Agency that the information previously furnished was inaccurate and inflated.

I am confident that the information in the enclosed charts is a true reflection of the incidence of surgery among New Jersey's Medicaid recipients during the State's Fiscal Year 1977.

As our contractual and fiduciary relationship on Medicaid matters rests with the State of New Jersey, I am taking the liberty of sending a copy of this letter and report to Mr. Thomas M. Russo, Acting Director, Division of Medical Assistance and Health Services, Department of Human Services.

If we can be of further assistance or if your staff has any questions about the information furnished, please contact me.

Sincerely,

Edward P. Hughes

Edward P. Hughes
Associate General Manager

EPH:djk

cc: Mr. Thomas M. Russo

NUMBER OF ELIGIBLES JULY 1, 1976 - JUNE 30, 1977

Maintenance assistance status of recipient and basis of eligibility for medical care	AVERAGE MONTHLY NUMBER	
	TOTAL	FEMALE
1. Total (sum of items 2-4).	624,880	390,409
2. Received money payments Automatically eligible for medical assistance		
a. Age 65 or over.	41,818	31,348
b. Blindness.	1,193	691
c. Permanent and Total disability.	49,611	30,358
d. Dependent children under 21, and adults in families with dependent children.	463,521	289,627
3. Financially eligible for maintenance assistance but did NOT receive money payment		
a. Age 65 or over.	21,283	16,094
b. Blindness.	95	47
c. Permanent and total disability.	12,113	5,736
d. Dependent children under 21, and adults in families with dependent children.	3,098	1,665
4. NOT eligible for maintenance assistance		
a. Dependent children under 21.	11,934	5,848
b. All other: (1) Under age 21.	20,214	8,995

TOTAL SURGICAL PROCEDURES JULY 1, 1976 - JUNE 30, 1977

Maintenance assistance status of recipient and basis of eligibility for medical care	TOTAL SURGICAL PROC.		SUBTOTALS		
	Number of Procedures	Total Payments	Inpatient Amount	Outpatient Amount	Physician Amount
1. Total (sum of items 2-4).	$141,093	$22,189,379.74	$11,841,369.05	$474,755.07	$9,873,255.62
2. Received money payments Automatically eligible for medical assistance					
a. Age 65 or over.	1,160	304,769.18	195,867.16	1,124.50	107,777.52
b. Blindness.	181	53,175.74	32,781.34	115.00	20,279.40
c. Permanent and Total disability.	12,445	3,383,899.64	2,379,765.95	17,531.00	986,602.69
d. Dependent children under 21, and adults in families with dependent children.	120,594	17,334,473.79	8,615,905.60	434,311.99	8,284,256.20
3. Financially eligible for maintenance assistance but did NOT receive money payment					
a. Age 65 or over.	77	38,848.53	28,912.98	0	9,935.55
b. Blindness.	7	459.20	0	0	459.20
c. Permanent and total disability.	1,060	341,367.85	238,670.99	1,138.00	101,558.86
d. Dependent children under 21, and adults in families with dependent children.	906	105,189.68	42,154.93	1,765.06	61,269.69
4. NOT eligible for maintenance assistance					
a. Dependent children under 21.	1,536	167,420.68	75,977.81	7,985.25	83,457.62
b. All other: (1) Under age 21.	3,127	459,775.45	231,332.29	10,784.27	217,658.89

TONSILLECTOMY - JULY 1, 1976 - JUNE 30, 1977

Maintenance assistance status of recipient and basis of eligibility for medical care	TOTAL TONSILLECTOMIES		SUBTOTALS		
	Number of Procedures	Total Payments	Inpatient Amount	Outpatient Amount	Physician Amount
1. Total (sum of items 2-4).	3,537	$456,037.37	$159,231.69	$23,230.85	$273,574.83
2. Received money payments Automatically eligible for medical assistance					
a. Age 65 or over.	0	0	0	0	0
b. Blindness.	2	818.31	627.56	0	190.75
c. Permanent and Total disability.	37	4,817.46	1,864.86	0	2,952.60
d. Dependent children under 21, and adults in families with dependent children.	3,268	416,420.65	142,321.80	21,723.10	252,375.75
3. Financially eligible for maintenance assistance but did NOT receive money payment					
a. Age 65 or over.	0	0	0	0	0
b. Blindness.	0	0	0	0	0
c. Permanent and total disability.	0	0	0	0	0
d. Dependent children under 21, and adults in families with dependent children.	21	2,434.09	624.09	0	1,810.00
4. NOT eligible for maintenance assistance					
a. Dependent children under 21.	99	14,783.80	6,799.72	641.75	7,342.33
b. All other: (1) Under age 21.	110	16,763.06	6,993.66	866.00	8,903.40

HYSTERECTOMY - JULY 1, 1976 - JUNE 30, 1977

Maintenance assistance status of recipient and basis of eligibility for medical care	TOTAL HYSTERECTOMIES		SUBTOTALS	
	Number of Procedures	Total Payments	Inpatient Amount	Physician Amount
1. Total (sum of items 2-4).	1,371	$855,741.42	$466,540.25	$389,201.17
2. Received money payments Automatically eligible for medical assistance				
a. Age 65 or over.	4	1,359.10	0	1,359.10
b. Blindness.	0	0	0	0
c. Permanent and Total disability.	124	91,116.65	55,749.56	35,367.09
d. Dependent children under 21, and adults in families with dependent children.	1,227	752,949.40	404,709.22	348,240.18
3. Financially eligible for maintenance assistance but did NOT receive money payment				
a. Age 65 or over.	2	457.00	0	457.00
b. Blindness.	0	0	0	0
c. Permanent and total disability.	8	6,492.11	4,595.31	1,896.80
d. Dependent children under 21, and adults in families with dependent children.	6	3,367.16	1,486.16	1,881.00
4. NOT eligible for maintenance assistance				
a. Dependent children under 21.	0	0	0	0
b. All other: (1) Under age 21.	0	0	0	0

CHOLECYSTECTOMY - JULY 1, 1976 - JUNE 30, 1977

Maintenance assistance status of recipient and basis of eligibility for medical care	TOTAL CHOLECYSTECTOMIES		SUBTOTALS	
	Number of Procedures	Total Payments	Inpatient Amount	Physician Amount
1. Total (sum of items 2-4).	885	$630,551.25	$398,434.93	$232,116.32
2. Received money payments Automatically eligible for medical assistance				
a. Age 65 or over.	25	12,680.53	6,699.53	5,981.35
b. Blindness.	1	3,284.05	3,012.25	271.80
c. Permanent and Total disability.	136	123,015.85	88,617.58	34,398.27
d. Dependent children under 21, and adults in families with dependent children.	711	485,022.41	296,556.46	188,465.95
3. Financially eligible for maintenance assistance but did NOT receive money payment				
a. Age 65 or over.	2	2,451.94	1,943.44	508.50
b. Blindness.	0	0	0	0
c. Permanent and total disability.	7	2,722.22	1,066.52	1,655.70
d. Dependent children under 21, and adults in families with dependent children.	2	543.60	0	543.60
4. NOT eligible for maintenance assistance				
a. Dependent children under 21.	0	0	0	0
b. All other: (1) Under age 21.	1	830.65	539.50	291.15

MASTECTOMY - SIMPLE (COMPLETE) JULY 1, 1976 - JUNE 30, 1977

Maintenance assistance status of recipient and basis of eligibility for medical care	TOTAL Simple (Complete) Mast		SUBTOTALS	
	Number of Procedures	Total Payments	Inpatient Amount	Physician Amount
1. Total (sum of items 2-4).	39	$15,928.80	$12,123.23	$3,805.57
2. Received money payments Automatically eligible for medical assistance				
a. Age 65 or over.	1	127.80	0	127.80
b. Blindness.	0	0	0	0
c. Permanent and Total disability.	8	6,925.50	6,108.97	816.53
d. Dependent children under 21, and adults in families with dependent children.	23	8,277.02	5,415.78	2,861.24
3. Financially eligible for maintenance assistance but did NOT receive money payment				
a. Age 65 or over.	0	0	0	0
b. Blindness.	0	0	0	0
c. Permanent and total disability.	0	0	0	0
d. Dependent children under 21, and adults in families with dependent children.	0	0	0	0
4. NOT eligible for maintenance assistance				
a. Dependent children under 21.	1	226.18	226.18	0
b. All other: (1) Under age 21.	1	372.30	372.30	0

MASTECTOMY - PARTIAL JULY 1, 1976 - JUNE 30, 1977

Maintenance assistance status of recipient and basis of eligibility for medical care	TOTAL PARTIAL MASTECTOMIES		SUBTOTALS		
	Number of Procedures	Total Payments	Inpatient Amount	Outpatient Amount	Physician Amount
1. Total (sum of items 2-4)	914	$184,117.80	$102,795.28	$3,211.92	$78,110.60
2. Received money payments Automatically eligible for medical assistance					
a. Age 65 or over	10	1,083.59	378.69	0	704.90
b. Blindness	0	0	0	0	0
c. Permanent and Total disability	83	23,197.36	16,162.82	84.35	6,950.19
d. Dependent children under 21, and adults in families with dependent children	790	151,410.57	80,838.04	2,817.67	67,754.86
3. Financially eligible for maintenance assistance but did NOT receive money payment					
a. Age 65 or over	0	0	0	0	0
b. Blindness	1	92.70	0	0	92.70
c. Permanent and total disability	9	1,442.02	256.62	309.90	875.50
d. Dependent children under 21, and adults in families with dependent children	3	274.40	0	0	274.40
4. NOT eligible for maintenance assistance					
a. Dependent children under 21	4	1,643.92	1,371.42	0	272.50
b. All other: (1) Under age 21	14	4,973.24	3,787.69	0	1,185.55

MASTECTOMY - RADICAL JULY 1, 1976 - JUNE 30, 1977

Maintenance assistance status of recipient and basis of eligibility for medical care	TOTAL RAD. MASTECTOMIES		SUBTOTALS	
	Number of Procedures	Total Payments	Inpatient Amount	Physician Amount
1. Total (sum of items 2-4).	31	$16,016.32	$11,141.97	$4,874.35
2. Received money payments Automatically eligible for medical assistance				
a. Age 65 or over.	1	377.30	0	377.30
b. Blindness.	0	0	0	0
c. Permanent and Total disability.	8	4,265.31	2,945.91	1,319.40
d. Dependent children under 21, and adults in families with dependent children.	21	11,011.71	8,196.06	2,815.65
3. Financially eligible for maintenance assistance but did NOT receive money payment				
a. Age 65 or over.	0	0	0	0
b. Blindness.	0	0	0	0
c. Permanent and total disability.	0	0	0	0
d. Dependent children under 21, and adults in families with dependent children.	1	362.00	0	362.00
4. NOT eligible for maintenance assistance				
a. Dependent children under 21.	0	0	0	0
b. All other: (1) Under age 21.	0	0	0	0

MASTECTOMY - MODIFIED RADICAL JULY 1, 1976 - JUNE 30, 1977

Maintenance assistance atatus of recipient and baaia of eligibility for medical care	TOTAL MOD. RADICAL MAST.		SUBTOTALS	
	Number of Procedurea	Total Payments	Inpatient Amount	Physician Amount
1. Total (aum of items 2-4).	39	$11,805.94	$1,349.98	$10,455.96
2. Received money paymenta Automatically eligible for medical aasiatance				
a. Age 65 or over.	3	896.40	0	896.40
b. Blindness.	0	0	0	0
c. Permanent and Total disability.	11	3,266.94	0	3,266.94
d. Dependent children under 21, and adulta in families with dependent children.	21	6,563.00	1,349.98	5,213.02
3. Financially eligible for maintenance aasistance but did NOT receive money payment				
a. Age 65 or over.	0	0	0	0
b. Blindnesa.	0	0	0	0
c. Permanent and total disability.	3	929.60	0	929.60
d. Dependent children under 21, and adults in families with dependent children.	0	0	0	0
4. NOT eligible for maintenance aasistance				
a. Dependent children under 21.	0	0	0	0
b. All other: (1) Under age 21.	1	150.00	0	150.00

STATE New Mexico

Participate in MMIS [X] Yes, [ ] No

If no, plan to enter _____

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles				Total Surgical Procedures		Tonsillectomies (0 & 6)	
	Unduplicated yearly total		Average Monthly Number		Number of Procedures	Total Payments *	Number of Procedures	Total Payments *
	Total	Female	Total	Female				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	Not available at this time.		84,809	Not available	72,077	$3,880,847.04	2,439	$92,692.16
2. Received money payments: Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

STATE New Mexico

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments *	Number of Procedures	Total Payments *	Number of Procedures: Partial Mastectomies	Total PAYMENTS *	RADICAL MASTECTOMIES	TOTAL PAYMENTS *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	3,072	$181,293.77	1304	$62,270.77	92	$5,269.07	120	$8,920.64
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

NEW YORK STATE
DEPARTMENT OF SOCIAL SERVICES
40 NORTH PEARL STREET, ALBANY, NEW YORK 12243
XXXXXXXXXXX
XXXXXXXXXXX
Barbara B. Blum
Acting Commissioner

JAN 24 AM 11:41
COMMITTEE ON OVERSIGHT & INVESTIGATIONS
RECEIVED

January 18, 1978

The Honorable John E. Moss
Chairman
Subcommittee on Oversight and Investigations
United States House of Representatives
Rayburn House Office Building, Room 2323
Washington, D.C. 20515

Dear Mr. Moss:

This is a follow-up to Richard Berman's letter to you dated December 21, 1977 with which he provided you with data regarding surgical procedures involving Medicaid reimbursement.

The only additional data we can provide you for 1976 is the following:

Average Monthly Number of Medicaid Eligibles:

Total	2,229,810
Medicaid Only Eligibles	347,339
SSI Eligibles	398,326
Public Assistance Eligibles	1,219,984
Home Relief	234,161

We hope this information will be helpful to you.

Sincerely,

William Steibel

William Steibel, D.D.S.
Deputy Commissioner
Division of Medical Assistance

STATE OF NEW YORK
DEPARTMENT OF HEALTH OFFICE OF HEALTH SYSTEMS MANAGEMENT
TOWER BUILDING • EMPIRE STATE PLAZA • ALBANY, N.Y. 12237

ROBERT P. WHALEN, M.D.
Commissioner

RICHARD A. BERMAN
Director

December 21, 1977

The Honorable John E. Moss
Chairman
Subcommittee on Oversight and Investigations
United States House of Representatives
Rayburn House Office Building, Room 2323
Washington, D.C. 20515

Dear Mr. Moss:

Your September 30, 1977 request for information to Acting Commissioner Shang of the State Department of Social Services concerning surgical procedures paid for under the Medicaid program was forwarded to the Office of Health Systems Management of New York State for response on October 28, 1977.

By retrieving the data stored in the New York State Hospital Utilization Review System, we were able to meet your request regarding the summary of surgical procedures. However, the data concerning "Maintenance Assistance Status and Basis for Eligibility" is only available from the State Department of Social Services. We are referring this section to the State Department of Social Services for completion.

Please be aware that the information provided in Mrs. Myers' letter dated July 11, 1975 regarding the estimated cost for tonsillectomies should be corrected to read 3.860 million.

I hope that the information which we are providing will be of assistance to the Subcommittee. Please contact me whenever the Office of Health Systems Management may be of assistance.

Sincerely yours,

Richard A. Berman
Director, Office of
Health Systems Management

35-786 0 - 78 - 8

Surgical Procedures Involving Medicaid
Reimbursement and Government Dollars
In New York State (Estimated for 7/1/76 - 6/30/77)

Type of Surgery	Procedures	Patient Days	Hospital Payments
Total Surgical Procedures	271,435	2,676,337	$487,093,334
Tonsillectomies	9,173	16,493	$3,001,726
Hysterectomies	4,748	60,346	$10,982,972
Cholecystectomies	4,274	73,053	$13,295,646
Partial Mastectomies	3,030	16,923	$3,079,986
Radical Mastectomies	735	13,585	$2,472,470

Source: New York State Hospital Utilization Review System, New York State Department of Health

12/5/77

ELECTRONIC DATA SYSTEMS CORPORATION

DALLAS, TEXAS 75230

EDS CENTER
7171 FOREST LANE
(214) 661-6000

March 15, 1978

The Honorable John E. Moss, Chairman
Subcommittee on Oversight and Investigations
Committee on Interstate and Foreign Commerce
2323 Rayburn House Office Building
Washington, D. C. 20515

Dear Mr. Chairman:

Attached is the data related to North Carolina Medicaid surgical procedures requested by your Subcommittee. We are able to supply the information for FY 76-77 surgical procedures paid during the periods for which we were the fiscal agent.

Permission to release this data was sought from this state and permission was granted. Every effort has been expended to provide comprehensive reporting that will meet the needs of the Subcommittee.

Please relay our special appreciation to the Subcommittee staff. Their assistance in providing answers to our questions was most helpful.

Sincerely,

H. R. Perot
Chairman and President

HRP:cli

cc John Billett

Expenditures by North Carolina for
FY 1976-1977 paid during the EDSF
Contract Period

The following criteria was used to extract data for the attached requested report.

1. All claims meeting the specifications for FY 76-77 Medicaid surgical procedures are reported. Careful attention must be paid to the fact that EDSF was not the fiscal agent for the entire FY 76-77. Data reported is for surgical procedures with dates of service during FY 76-77 but paid during the EDSF contract period. For North Carolina the period scrutinized was from January 1, 1977 through February 28, 1978. Many claims for the early half of the fiscal year were paid by the former contractor. It is estimated that the services reported cover approximately 65% of the surgical procedures rendered during FY 76-77.

2. The unduplicated count of eligibles, and the average monthly number of eligibles, covers the entire FY 76-77 period.

3. The surgical procedures count was derived by counting only procedures rendered by surgeons. Total surgical payment amount, made for each eligible recipient, is the sum of the paid amounts for all related surgeons' fees, assistant surgeon's fees, anesthesia fees, and hospitalization fees.

4. The surgery definitions provided by the Subcommittee were followed. The ICDA procedures codes referenced by the Subcommittee were cross-referenced to CPT-3 procedures codes currently used in North Carolina.

5. Eliminated from the report were claims related to Medicare Cross-overs, Adjustments, Voids and Refunds.

6. Total Payments from lines two through four will not exactly balance to line one due to the rounding of cents to the nearest dollar.

7. The North Carolina system is an MMIS.

STATE: NORTH CAROLINA

STATISTICAL REPORT ON ASSISTANCE AND SURGICAL PROCEDURES
FOR MEDICAID CLAIMS PAYMENTS FOR THE PERIOD
070176 THRU 063077

DATE: 03/08/78

PARTICIPATE IN MMIS: YES

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE	NUMBER OF ELIGIBLES: UNDUPLICATED YEARLY TOTAL TOTAL	UNDUPLICATED YEARLY TOTAL FEMALE	AVERAGE MONTHLY NUMBER TOTAL	AVERAGE MONTHLY NUMBER FEMALE	TOTAL SURGICAL PROCEDURES: NUMBER OF TOTAL PROCEDURES	TOTAL SURGICAL PROCEDURES: PAYMENTS
1. TOTAL OF 2 THRU 4	461,923	294,643	348,888	225,271	27,769	25,147,109
2. MONEY PAYMENTS						
A. AGED	60,919	43,680	52,542	38,256	126	100,307
B. DISABLED	52,362	33,053	45,611	29,433	5,245	6,998,879
C. BLIND	3,623	2,176	3,292	1,992	164	165,377
D. AFDC - CHILD	196,748	106,046	154,012	82,179	8,008	4,854,252
E. AFDC - ADULT	60,136	56,278	46,188	44,014	8,438	6,187,503
F. ALL OTHER						
-- UNDER AGE 21	172	79	130	62	01	108
-- AGE 21 AND OVER	121	71	87	51	09	3,535
3. CATEGORICAL NEEDY - NO MONEY PAYMENT						
A. AGED	8,208	6,105	6,256	4,759	26	27,259
B. DISABLED	5,357	2,819	4,008	2,240	1,318	2,244,494
C. BLIND	204	128	160	105	05	6,671
D. AFDC - CHILD	15,501	8,205	7,174	3,778	719	481,878
E. AFDC - ADULT	3,805	3,306	1,745	1,516	465	402,421
F. ALL OTHER						
-- UNDER AGE 21	4,766	2,788	3,107	1,867	173	126,693
-- AGE 21 AND OVER	06	04	01	01	00	00
4. MEDICAL ASSISTANCE ONLY						
A. AGED	14,312	9,274	8,354	5,631	54	48,102
B. DISABLED	7,250	3,649	3,875	2,012	1,347	2,100,546
C. BLIND	234	143	147	91	11	7,163
D. AFDC - CHILD	18,773	9,738	8,049	4,167	702	483,356
E. AFDC - ADULT	8,007	6,237	3,383	2,628	910	876,892
F. ALL OTHER						
-- UNDER AGE 21	1,310	804	705	449	47	30,135
-- AGE 21 AND OVER	109	60	51	32	01	1,528

STATE: NORTH CAROLINA

STATISTICAL REPORT ON ASSISTANCE AND SURGICAL PROCEDURES
FOR MEDICAID CLAIMS PAYMENTS FOR THE PERIOD
070176 THRU 063077

DATE: 03/08/78

PARTICIPATE IN MMIS: YES

	TONSILLECTOMIES		HYSTERECTOMIES		CHOLECYSTECTOMIES		PARTIAL MASTECTOMIES		RADICAL MASTECTOMIES	
	NUM OF PROCEDURES	TOTAL PAYMENTS	NUM OF PROCEDURES	TOTAL PAYMENTS	NUM OF PROCEDURES	TOTAL PAYMENTS	NUM OF PROCEDURES	TOTAL PAYMENTS	NUM OF PROCEDURES	TOTAL PAYMENTS
1.	757	294,123	915	1,165,728	123	184,071	30	12,939	26	31,543
2.										
A.	00	00	01	450	01	441	00	00	00	00
B.	17	6,887	154	225,723	39	63,744	05	3,591	11	15,443
C.	00	00	05	5,051	01	1,584	00	00	01	1,686
D.	545	209,319	16	27,098	06	7,154	03	997	00	00
E.	86	37,879	612	761,781	47	69,632	17	7,515	03	2,025
F.										
--	00	00	00	00	00	00	00	00	00	00
--	00	00	00	00	00	00	00	00	00	00
3.										
A.	00	00	01	13,649	01	405	00	00	00	00
B.	01	787	11	14,982	01	1,120	01	108	02	1,276
C.	00	00	00	00	00	00	00	00	00	00
D.	25	11,248	00	00	01	4,453	01	378	01	478
E.	03	906	23	30,770	04	5,028	00	00	04	6,428
F.										
--	18	6,737	00	00	00	00	00	00	00	00
--	00	00	00	00	00	00	00	00	00	00
4.										
A.	00	00	00	00	00	00	00	00	00	00
B.	00	00	11	10,681	09	16,058	00	00	03	2,795
C.	00	00	00	00	00	00	00	00	00	00
D.	55	18,070	03	869	01	1,084	00	00	00	00
E.	05	1,427	77	73,140	12	13,362	03	347	01	1,407
F.										
--	02	858	00	00	00	00	00	00	00	00
--	00	00	01	1,528	00	00	00	00	00	00

STATE North Dakota

Participate in MMIS [ ] Yes, [x] No

If no, plan to enter September, 1978

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (♀ & ♂): Number of Procedures	Tonsillectomies (♀ & ♂): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	34 973	21 207	24 549	14 858	10 097	840 210	218	21 374
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	4 441	2 871	3 775	2 441	100	14 171		
b. Blindness	98	27	83	23	7	1 319		
c. Permanent and total disability	2 420	1 170	2 057	995	1 019	99 104	6	516
1/ 2/ d. Dependent children under 21	21 845	13 408	14 252	8 749	7 438	540 440	202	19 879
e. Adults in families with dependent children	1/ Included on line 2 d; - breakdown not available 2/ Includes all Foster Care							
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:	6 169	3 731	4 382	2 650	1 533	185 176	10	979
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21				BREAKDOWN NOT AVAILABLE				
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate constant $

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	120	36 208	130	35 363	5	1 021	6	2 066
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	6	1 519	3	698				
b. Blindness								
c. Permanent and total disability	16	5 113	22	5 921	2	269		
1/ 2/ d. Dependent children under 21	85	25 122	79	22 109	1	200	4	1 143
e. Adults in families with dependent children	1/ Included on line 2.d. - breakdown not available				2/ Includes all Foster Care			
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:	13	4 454	26	6 635	2	552	2	923
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21			BREAKDOWN NOT AVAILABLE					
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

JAMES A. RHODES
Governor
State of Ohio

KENNETH B. CREASY
Director
CHARLES E. NOGGLE
Assistant Director

DEPARTMENT of PUBLIC WELFARE

OFFICE OF THE DIRECTOR
30 East Broad Street
Columbus, Ohio 43215

1977 OCT 33 14 10
RECEIVED

October 28, 1977

The Honorable John E. Moss, Chairman
Oversight and Investigations Subcommittee
Committee on Interstate and Foreign Commerce
Room 2323, Rayburn House Office Building
Washington, D. C. 20515

Dear Congressman Moss:

The Medicaid information you requested in your September 30, 1977 letter is attached. These figures are substantially an update of the State's statistics furnished to your committee for calendar year 1974.

Since the maintenance assistance program for eligibles has changed since the last reporting period, the detailed breakdown that you requested cannot be furnished. This program has been deleted for all categories except Aid for Dependent Children (ADC). Our report does provide the greatest detail that the Medicaid Management Information System (MMIS) is capable of providing. (Atch 1)

The portion of the report pertaining to surgical procedures contains all surgical procedures listed in the Physicians' Current Procedural Terminology (CPT), 3rd Edition, American Medical Association. (Atch 2)

If additional data or clarification of the reports' contents are required, please call Roger W. Brown, 614/466-7936.

Sincerely,

Kenneth B. Creasy

KENNETH B. CREASY

KBC:mt

OHIO DEPARTMENT OF PUBLIC WELFARE
MEDICAID ELIGIBLE RECIPIENTS

TIME FRAME	TOTAL BY AFA, AFB & AFD(*)	TOTAL BY ADC(*)	GRAND TOTAL
July '76	152,954	594,083	747,037
August '76	153,013	590,576	743,589
September '76	152,747	587,349	740,096
October '76	152,753	579,270	732,023
November '76	152,615	579,786	732,401
December '76	152,407	577,099	729,506
January '77	151,999	575,574	727,573
February '77	151,402	576,605	728,007
March '77	151,243	576,669	727,912
April '77	151,150	571,102	722,252
May '77	150,948	567,972	718,920
June '77	150,469	556,345	706,814
TOTAL	1,823,700	6,932,430	8,756,130
AVERAGE MONTHLY NUMBER	151,975	577,703	729,678

Note: (*) AFA: Aid for Aged (Eligible for Medicaid)
AFB: Aid for Blind (Eligible for Medicaid)
AFD: Aid for Disabled (Eligible for Medicaid)
ADC: Aid for Dependent Children (Eligible for Medicaid and Money Payments)

ATCH 1

OHIO DEPARTMENT OF PUBLIC WELFARE

TOTAL SURGICAL PROCEDURES

NUMBER OF PROCEDURES: 105,932 TOTAL PAYMENTS: $ 79,642,739

a. Includes Hospital: $66,698,066
Anesthesia: 2,849,934
Surgeon: 10,094,739

b. Includes all surgical procedures listed in CPT

SELECT LIST OF SURGICAL PROCEDURES

TONSILLECTOMIES:

Number of Procedures:			3159
Hospital Payments:	$908,253		
Anesthesia Payments:	154,386		
Surgeon Payments:	314,689		
Total Payments:			$1,377,328

HYSTERECTOMIES:

Number of Procedures:			1609
Hospital Payments:	$1,802,926		
Anesthesia Payments:	137,543		
Surgeon Payments:	479,412		
Total Payments:			$2,419,881

CHOLECYSTECTOMIES:

Number of Procedures:			984
Hospital Payments:	$1,614,744		
Anesthesia Payments:	87,484		
Surgeon Payments:	285,141		
Total Payments:			$1,987,369

MASTECTOMIES:

Number of Procedures (partial):		148	
Hospital Payments:	$119,882		
Anesthesia Payments:	6,398		
Surgeon Payments:	19,358		
Total Payments:		$145,638	
Number of Procedures (radical):		56	
Hospital Payments:	$68,042		
Anesthesia Payments:	5,278		
Surgeon Payments:	17,287		
Total Payments:		90,607	
Grand Total for all Mastectomies:			
Procedures:			204
Payments:			$236,245

ATCH 2

STATE OKLAHOMA

Participate in MHLS ☒ Yes. ☐ No

If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Vasectomies (♂ & ♂): Number of Procedures	Vasectomies (♂ & ♂): Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	270,430	157,195	174,670	108,907	37,119	25401247.89	1,373	566977.62
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	55,867	39,051	47,763	33,386	393	591426.78	0	467.15
b. Blindness	878	390	752	334	156	86674.48	0	0
c. Permanent and total disability	28,858	16,066	23,233	12,934	5,038	2930327.64	10	2373.86
d. Dependent children under 21	87,488	43,078	65,988	32,492	9,094	3989973.77	917	378482.21
e. Adults in families with dependent children	35,001	30,801	23,100	20,328	7,417	5378295.95	79	39651.64
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	259	181	98	69	14	23552.80	0	0
b. Blindness	3	1	1	0	2	1276.68	0	0
c. Permanent and total disability	21,364	1,316	709	395	636	722923.81	0	0
d. Dependent children under 21	0	0	0	0	0	0	0	0
e. Adults in families with dependent children	0	0	0	0	0	0	0	0
4. NOT eligible for maintenance assistance:							0	0
a. Age 65 and over	17,021	11,898	6,414	4,483	28	39665.08	0	0
b. Blindness	22	10	5	2	0	422.69	0	0
c. Permanent and total disability	6,701	3,731	2,011	1,120	845	922044.73	0	0
d. Dependent children under 21	10,993	5,424	1,762	870	10,146	7205501.78	353	140349.09
e. Adults in families with dependent children	5,975	5,258	2,834	2,494	3,350	3509161.70	14	5653.67
f. All others:								
(1) Under age 21								
(2) Age 21-64								

STATE _____

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	805	1192674.69	297	662846.77	190	96263.00	34	22599.10
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	8	38181.31	7	38784.20	9	3035.54	1	572.30
b. Blindness	3	3595.68	2	5232.96	1	487.09	0	0
c. Permanent and total disability	92	154183.77	68	155575.02	32	23541.41	12	8228.70
d. Dependent children under 21	14	19541.20	20	36011.06	33	12065.45	1	465.00
e. Adults in families with dependent children	419	592528.24	91	185831.46	61	36699.53	6	4214.50
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over					0			
g. Blindness					0			
h. Permanent and total disability					0			
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	2	1837.02	0	93.00	0		0	0
b. Blindness	0	0	0	0	0		0	0
c. Permanent and total disability	10	21748.95	8	10430.79	7	2394.54	1	198.00
d. Dependent children under 21	0	0	0	0	0		0	0
e. Adults in families with dependent children	0	0	0	0	0		4	2839.00
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	2	2532.42	0	2431.60	0		0	0
b. Blindness	0	0	0	0	0		0	0
c. Permanent and total disability	15	31139.60	9	30006.42	7	4798.88	4	2789.10
d. Dependent children under 21	5	17211.30	14	42831.62	13	2432.34	0	0
e. Adults in families with dependent children	235	310175.20	78	155618.64	27	10808.22	5	3292.50
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all).

STATE Oregon

Page 1 of 2
FY 1976-77 Payment Data

Participate in MMIS ☐ Yes, ☒ No 10/25/77.

If no, plan to enter July 1, 1980 at earliest (subject to change)

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total (Estimate)	Number of Eligibles: Unduplicated yearly total: Female (Estimate)	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female (Estimate)	Total Surgical Procedures: Number of Procedures B/	Total Surgical Procedures: Total Payments * A/	Tonsillectomies (?&C): Number of Procedures C/	Tonsillectomies (?&C): Total Payments * A/
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	261,071	157,021	165,148	100,139	67,259	$6,196,057	1,026	$110,916
2. Received money payments:								
Automatically eligible for medical assistance					D/	D/		
a. Age 65 or over	5,949	4,126	5,222	3,622	4,641	625,802	NOT AVAILABLE	
b. Blindness	776	466	685	411	336	49,568		
c. Permanent and total disability	10,998	6,365	9,105	5,269	6,793	712,546		
d. Dependent children under 21	126,703	77,811	79,708	48,951	49,772	4,169,947		
e. Adults in families with dependent children	66,353	40,749	41,742	25,635				
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over	NOT APPLICABLE TO OREGON							
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	11,857	8,500	9,127	6,543	INCLUDED UNDER 2		NOT AVAILABLE	
b. Blindness	266	146	241	132				
c. Permanent and total disability	9,765	2,985	4,617	2,390				
d. Dependent children under 21	14,848	7,572	5,930	3,029				
e. Adults in families with dependent children	734	451	462	284				
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	NOT APPLICABLE TO OREGON							
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								
5. General Assistance Medical Assistance (100% State Funds unless pending SSI)	16,822	7,850	8,300	3,873	5,717	638,194		

* Indicate average fee, unduplicated fee, hospitalization fee, or the sum of all 3

Footnotes:

A/ Surgery fee for surgery and surgical assist only. Does not include anesthesia or hospital costs.

B/ Sum of duplicated frequencies of procedures by month. Counts surgical assists twice.

C/ Sum of monthly unduplicated person counts by month by procedure.

D/ Item 2 is estimated.

STATE Oregon

Page 2 of 2

FY 1976-77 Payment Data

10/25/77

Maintenance assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	C/ (1)	A/ (2)	C/ (3)	A/ (4)	C/ (5)	A/ (6)	C/ (7)	A/ (8)
1. Total (Sum of items 2-4)	1,127	$100,950	630	$158,899	33	$6,189	38	$12,503
2. Received money payments:								
Automatically eligible for medical assistance:								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability				NOT				
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability				AVAILABLE				
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1). Under age 21								
(2) Age 21-64								

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

Footnotes:

See page 1 of 2.

October 25, 1977
STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES

Summary of the Methods Used to Provide Selected Surgery Data to the House of Representatives on Three Separate Surveys for the Time Periods Denoted Below

	FY 1976-77	CY 1975	CY 1974
I. Applies to All Data About Surgeries	Based on 1969 California Relative Value Studies (CRVS) Procedure Codes as detailed for each item on this sheet. Under the 1969 CRVS, the surgical assist dollars are automatically included for all items. Does not include dollars for anesthesia and hospital costs. Does include dollars for surgery fee which includes routine pre- and post-operation care. Combined data for Medicaid and General Assistance Medical Assistance (100% State Funds) expenses so all data is comparable.	Part of time based on four digit procedure codes and part of time based on five digit procedure codes; both unique to us. Except for Total Surgical Procedures, did not include dollars for anesthesia. Did not include dollars for surgical assists and any hospital costs. Did include dollars for surgery fee which includes routine pre-and post-operation care.	Based on four digit procedure codes unique to us. Did not include dollars for anesthesia, surgical assists, or any hospital costs. Did include dollars for surgery fee which includes routine pre-and post-operation care.
II. Total Surgical Procedures	1969 CRVS 10000 through 69920. Count is frequency of procedures which would include double count of surgical assists. Cannot give unduplicated person count by month or year.	Frequency of all surgery procedures and related dollars for Medicaid Eligible Clients. Did not include General Assistance Medical Assistance data. Did include dollars for anesthesia.	Frequency of all surgery procedures and related dollars for Medicaid Eligible Clients. Did not include General Assistance Medical Assistance data.
III. Tonsillectomies (male and female)	1969 CRVS 42840, 42841, 42860, and 42870. Count is sum of monthly unduplicated person count by procedure on payment data.	Count is sum of monthly frequency counts by procedure code on payment data for Medicaid and General Assistance Medical Assistance clients.	Count is sum of monthly frequency counts by procedure code on payment data for Medicaid and General Assistance Medical Assistance clients.
IV. Hysterectomies (female only)	1969 CRVS 58150, 58180, 58200, 58205, 58210, 58240, 58260, 58265, 58270, 58275, 58280, 58285, and 59560. Count is sum of monthly unduplicated person count by procedure on payment data.	Count is sum of monthly frequency counts by procedure code on payment data for Medicaid and General Assistance Medical Assistance clients.	Count is sum of monthly frequency counts by procedure code on payment data for Medicaid and General Assistance Medical Assistance clients.

October 25, 1977
STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES

Summary of the Methods Used to Provide Selected Surgery Data to the House of Representatives on Three Separate Surveys for the Time Periods Denoted Below
(Continued from Page 1)

	FY 1976-77	CY 1975	CY 1974
V. Cholecystectomies (male and female)	1969 CRVS 47600, 47605, 47610, and 47620. Count is sum of monthly unduplicated person count by procedure on payment data.	Count is sum of monthly frequency counts by procedure code on payment data for Medicaid and General Assistance Medical Assistance clients.	Count is sum of monthly frequency counts by procedure code on payment data for Medicaid and General Assistance Medical Assistance clients.
VI. Mastectomies (female only)	Partial is 1969 CRVS 19160, 19161, 19180, 19182, and 19184. Radical is 1969 CRVS 19200, 19210, and 19240. Count is sum of monthly unduplicated person count by procedure on payment data.	Count is sum of monthly frequency counts by procedure code on payment data for Medicaid and General Assistance Medical Assistance clients.	Count is sum of monthly frequency counts by procedure code on payment data for Medicaid and General Assistance Medical Assistance clients.

35-786 O - 78 - 9

STATE PENNSYLVANIA

Participate in MMIS [ ] Yes, [ ] No

If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average monthly number: Total	Number of Eligibles: Average monthly number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments *	Tonsillectomies (C: Number of Procedures	Tonsillectomies (C: Total Payments
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	NA X	NA X	✓ 1,120,601	NA X	* 164,513	* $9,354,776.00	* 4,751	* $160,096.0
2. Received money payments:					NA	NA	NA	NA
Automatically eligible for medical assistance	X	X	947,909	X	X	X	X	X
a. Age 65 or over	X	X	65,414	X	X	X	X	X
b. Blindness	X	X	4,288	X	X	X	X	X
c. Permanent and total disability	X	X	90,656	X	X	X	X	X
d. Dependent children under 21	X	X	X	X	X	X	X	X
e. Adults in families with dependent children	X	X	638,264	X	X	X	X	X
f. General Assistance			149,287					
Eligible for medical assistance only after spending excess income on medical expenses:	X	X	X	X	X	X	X	X
f. Age 65 or over	X	X	X	X	X	X	X	X
g. Blindness	X	X	X	X	X	X	X	X
h. Permanent and total disability	X	X	X	X	X	X	X	X
3. Financially eligible for maintenance assistance but did NOT receive money payments:	X	X	28,884	X	X	X	X	X
a. Age 65 and over	X	X	9,143	X	X	X	X	X
b. Blindness	X	X	38	X	X	X	X	X
c. Permanent and total disability	X	X	1,732	X	X	X	X	X
d. Dependent children under 21	X	X	X	X	X	X	X	X
e. Adults in families with dependent children	X	X	13,612	X	X	X	X	X
f. General Assistance			4,359					
4. NOT eligible for maintenance assistance:	X	X	137,937	X	X	X	X	X
a. Age 65 and over	X	X	25,199	X	X	X	X	X
b. Blindness	X	X	157	X	X	X	X	X
c. Permanent and total disability	X	X	10,424	X	X	X	X	X
d. Dependent children under 21	X	X	X	X	X	X	X	X
e. Adults in families with dependent children	X	X	73,458	X	X	X	X	X
f. General Assistance			28,609	X		X	X	X
g. All other:								
(1) Under age 21	X	X	X	X	X	X	X	X
(2) Age 21-64	X	X	X	X	X	X	X	X
5. State Blind	X	X	5,871	X	X	X	X	X

✓ Fiscal Year 1976-77

* Indicates sum of surgical and anesthesia fees only

Fiscal Year 1976-77

Maintenance assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	3,663	$406,413.00	2,700	$307,399.00	522	$31,852.00	250	$22,729.00
2. Received money payments:	NA	NA	NA	NA	NA	NA	NA	NA
Automatically eligible for medical assistance:								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicates sum of surgical and anesthesia fees only

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Social and Rehabilitative Services
MEDICAL STANDARDS AND REVIEW
600 New London Avenue
Cranston, R. I. 02920

RECEIVED
1977
1:30
SUBCOMM. ON INVESTIGATIONS

November 10, 1977

The Honorable John E. Moss
Chairman, Committee on Oversight
and Investigations
Room 2323
Rayburn House Office Building
Washington, D. C. 20515

Dear Congressman Moss:

I am pleased to provide the following information which you requested in your letter dated September 30, 1977, pertinent to the Rhode Island Medical Assistance Program for the fiscal year 1977.

During the fiscal year 1977, the Rhode Island Medical Assistance Program provided payment for a total of 4,788 surgical cases.

Total Number of Surgical Cases	4,788
Total Expenditure for all Physician and Hospital Services for all Surgical Cases	$5,219,263
Average Expenditure for Hospital and Physician Services	$1,090

It should be noted that the average expenditure of $1,090 for a surgical case includes the charges of the surgeon, assistant surgeon, anesthetist and all charges for hospital and ancillary services. These figures were obtained on the basis of a 20 per cent sample of all cases involving Medicaid expenditures for surgical procedures performed during the fiscal year 1977. This 20 per cent sample was then projected to encompass the entire Medical Assistance caseload. The total population at risk for all surgical procedures, on the basis of an average monthly caseload in Rhode Island, was 90,900 persons during the fiscal year 1977.

It is important to note that the total expenditures for hospital and physician services reflect Medicare involvement in the payment of some bills for those patients who are eligible for both Titles XVIII and XIX benefits. However, the overwhelming majority of cases pertain to recipients under age 65 not entitled to Medicare benefits.

You will note that the number of surgical cases decreased from 5,388 in the calendar year 1974, the prior reporting year, to 4,788 in the fiscal year 1977. During the same period, the caseload increased slightly from 90,000 persons in the calendar year 1974 to 90,900 persons in the fiscal year 1977.

In addition, the increase in the average expenditure for a surgical case from $933 in the calendar year 1974 to $1,090 in the fiscal year 1977, is primarily related to increases in hospital costs since surgeons, assistant surgeons and anesthetists, for the most part, continue to be reimbursed on the basis of the same fee schedule which was utilized during the calendar year 1974.

Trusting that this information will be of assistance to you and with best wishes, I am

Sincerely,

P. Joseph Pesare

P. Joseph Pesare, Dr. P.H., M.D.
Assistant Director

PJP/amd

State South Carolina

Participate in MMIS [ ] Yes, [X] No

If no, plan to enter January 1, 1979

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedure: Number of Procedures	Total Surgical Procedure: Total Payments*	Tonsillectomies (766): Number of Procedures	Tonsillectomies (766): Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)		
1. Total (Sum of items 2-4)	318,662	215,718	251,720	171,592	18,892	$22,729,369	555	$257,347
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21	129,853	70,544	102,817	55,900	3,722	$2,929,020	409	$185,173
e. Adults in families with dependent children	56,672	53,211	40,863	38,868	10,561	$9,253,304	90	$44,159
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	54,981	42,353	48,568	37,505	442	$2,183,419	0	$0
b. Blindness	2,367	1,619	2,136	1,459	122	$169,193	1	$357
c. Permanent and total disability	48,985	31,528	41,728	27,248	3,230	$6,741,016	19	$11,904
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	10,149	7,219	7,178	5,383	63	$152,034	1	$422
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21	10,238	5,405	5,689	3,034	171	$129,231	31	$13,246
(2) Age 21-64	5,417	3,839	2,741	2,195	581	$1,172,152	4	$2,086

* Indicate surgical fee, anesthesia fee, hospital fee, or the sum of all 3.

* Please note total payments represents hospital fee

State of South Carolina

Maintenance assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only) Number of Procedures			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	510	$794,445	272	$516,536	214	$116,572	12	$19,097
2. Received money payment: Automatically eligible for medicaid assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21	1	$2,788	5	$11,229	35	$14,941	0	0
e. Adults in familiew with dependent children	386	$580,530	128	$198,755	130	$68,196	4	$6,036
Eligible for medical assistance only after spending excess income on medical expences:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	13	$26,553	11	$30,146	5	$2,596	0	0
b. Blindness	3	$6,631	9	$13,661	0	0	0	0
c. Permanent and total disability	79	$140,467	99	$228,282	39	$27,240	7	$11,484
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	2	$2,749	3	$5,939	0	0	0	0
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21	0	0	0	0	1	$420	0	0
(2) Age 21-64	26	$34,727	17	$28,524	4	$3,179	1	$1,577

* Indicate whether surgeons fees, anesthesia fees, hospitalization costs or the sum of all 3.

* Please note total payments represents the hospital fee.

SOUTH Dakota

Department of Social Services
DIVISION OF SOCIAL WELFARE
OFFICE OF THE DIRECTOR

State Office
State Office Building
Illinois Street
Pierre, South Dakota 57501
605-224-3491

May 25, 1978

The Honorable John E. Moss
Chairman
Oversight and Investigations
Subcommittee
Room 2323
Rayburn House Office Building
Washington, D.C. 20515

Dear Congressman Moss:

The information you requested in your letter dated May 12, 1978 relating to number of specific procedures reimbursed and federal dollars expended, is not available at this time.

South Dakota has a manual claims processing system and there is no data gathering established beyond the information necessary for regular reporting procedures.

Sincerely,

Vern C. Woodard
State Director

VCW/ES/pp

An Equal Opportunity/Affirmative Action Employer

ELECTRONIC DATA SYSTEMS CORPORATION

DALLAS, TEXAS 75230

EDS CENTER
7171 FOREST LANE
(214) 661-6000

March 15, 1978

The Honorable John E. Moss, Chairman
Subcommittee on Oversight and Investigations
Committee on Interstate and Foreign Commerce
2323 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Chairman:

Attached is the data related to Tennessee Medicaid surgical procedures requested by your Subcommittee. We are able to supply the information for FY 76-77 surgical procedures paid during the periods for which we were the fiscal agent.

Permission to release this data was sought from this state and permission was granted. Every effort has been expended to provide comprehensive reporting that will meet the needs of the Subcommittee.

Please relay our special appreciation to the Subcommittee staff. Their assistance in providing answers to our questions was most helpful.

Sincerely,

H. R. Perot
Chairman and President

HRP:cli

cc John Billett

Expenditures by Tennessee for
FY 1976-1977 paid during the EDSF
Contract Period

The following criteria was used to extract data for the attached requested report.

1. All claims meeting the specifications for FY 76-77 Medicaid surgical procedures are reported. Careful attention must be paid to the fact that EDSF was not the fiscal agent for the entire FY 76-77. Data reported is for surgical procedures with dates of service during FY 76-77 but paid during the EDSF contract period. For Tennessee the period scrutinized was from April 1, 1977 through February 28, 1978. Many claims for the early half of the fiscal year were paid by the former contractor. It is estimated that the services reported cover approximately 42% of the surgical procedures rendered during FY 76-77.

2. The unduplicated count of eligibles, and the average monthly number of eligibles, covers the entire FY 76-77 period.

3. The surgical procedures count was derived by counting only procedures rendered by surgeons. Total surgical payment amount, made for each eligible recipient, is the sum of the paid amounts for all related surgeons' fees, assistant surgeon's fees, anesthesia fees, and hospitalization fees.

4. The surgery definitions provided by the Subcommittee were followed. The ICDA procedures codes referenced by the Subcommittee were cross-referenced to '64 RVS procedures codes currently used in Tennessee.

5. Eliminated from the report were claims related to Medicare Crossovers, Adjustments, Voids and Refunds.

6. Total Payments from lines two through four will not exactly balance to line one due to the rounding of cents to the nearest dollar.

7. The Tennessee system is not an MMIS.

STATE: TENNESSEE

STATISTICAL REPORT ON ASSISTANCE AND SURGICAL PROCEDURES
FOR MEDICAID CLAIMS PAYMENTS FOR THE PERIOD
070176 THRU 063077

DATE: 03/10/78

PARTICIPATE IN MMIS: NO

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE.	NUMBER OF ELIGIBLES: UNDUPLICATED YEARLY TOTAL TOTAL	UNDUPLICATED YEARLY TOTAL FEMALE	AVERAGE MONTHLY NUMBER TOTAL	AVERAGE MONTHLY NUMBER FEMALE	TOTAL SURGICAL PROCEDURES: NUMBER OF PROCEDURES	TOTAL PAYMENTS
1. TOTAL OF 2 THRU 4	468,748	289,747	381,386	238,027	14,287	8,034,669
2. MONEY PAYMENTS						
A. AGED	85,510	57,880	77,384	52,812	12	5,738
B. DISABLED	74,874	43,316	65,381	38,518	3,064	2,009,509
C. BLIND	2,064	1,020	1,873	928	83	58,241
D. AFDC-CHILD	184,990	95,760	148,851	77,186	4,602	2,028,575
E. AFDC-ADULT	55,668	51,942	43,521	41,288	4,349	2,518,119
F. ALL OTHER						
-- UNDER AGE 21	00	00	00	00	00	00
-- AGE 21 AND OVER	00	00	00	00	00	00
3. CATEGORICAL NEEDY - NO MONEY PAYMENT						
A. AGED	2,078	1,596	1,878	1,452	00	00
B. DISABLED	246	128	233	120	01	583
C. BLIND	02	01	00	00	04	1,093
D. AFDC-CHILD	26,936	13,174	20,554	10,063	365	149,229
E. AFDC-ADULT	8,393	7,516	5,911	5,438	196	101,633
F. ALL OTHER						
-- UNDER AGE 21	00	00	00	00	00	00
-- AGE 21 AND OVER	00	00	00	00	00	00
4. MEDICAL ASSISTANCE ONLY						
A. AGED	13,923	9,525	9,168	6,525	89	34,138
B. DISABLED	8,412	4,662	4,625	2,569	1,173	906,260
C. BLIND	26	10	11	04	04	1,188
D. AFDC-CHILD	3,736	1,884	1,322	653	154	88,165
E. AFDC-ADULT	1,890	1,333	665	463	191	132,190
F. ALL OTHER						
-- UNDER AGE 21	00	00	00	00	00	00
-- AGE 21 AND OVER	00	00	00	00	00	00

STATE: TENNESSEE

STATISTICAL REPORT ON ASSISTANCE AND SURGICAL PROCEDURES
FOR MEDICAID CLAIMS PAYMENTS FOR THE PERIOD
070176 THRU 063077

DATE: 03/10/78

PARTICIPATE IN MMIS: NO

	TONSILLECTOMIES		HYSTERECTOMIES		CHOLECYSTECTOMIES		PARTIAL MASTECTOMIES		RADICAL MASTECTOMIES	
	NUMBER OF PROCEDURES	TOTAL PAYMENTS	NUMBER OF PROCEDURES	TOTAL PAYMENTS	NUMBER OF PROCEDURES	TOTAL PAYMENTS	NUMBER OF PROCEDURES	TOTAL PAYMENTS	NUMBER OF PROCEDURES	TOTAL PAYMENTS
1	603	186,128	475	464,194	238	250,908	111	46,923	31	36,958
2.										
A.	00	00	02	881	00	00	00	00	00	00
B.	26	7,209	89	80,756	86	87,589	33	16,687	14	16,451
C.	00	00	00	00	02	900	00	00	00	00
D.	452	136,386	09	8,481	18	21,228	23	10,036	00	00
E.	62	22,578	333	339,660	91	97,843	48	17,711	08	11,537
F.										
--	00	00	00	00	00	00	00	00	00	00
--	00	00	00	00	00	00	00	00	00	00
3.										
A.	00	00	00	00	00	00	00	00	00	00
B.	00	00	00	00	00	00	00	00	00	00
C.	00	00	01	662	00	00	00	00	00	00
D.	44	13,250	02	592	02	2,567	02	608	00	00
E.	05	2,810	13	8,868	09	7,374	01	388	00	00
F.										
--	00	00	00	00	00	00	00	00	00	00
--	00	00	00	00	00	00	00	00	00	00
4.										
A.	00	00	00	00	00	00	00	00	00	00
B.	02	310	09	9,485	21	26,090	04	1,491	07	6,026
C.	00	00	00	00	00	00	00	00	00	00
D.	12	3,583	00	00	00	00	00	00	00	00
E.	00	00	17	14,803	09	7,313	00	00	02	2,942
F.										
--	00	00	00	00	00	00	00	00	00	00
--	00	00	00	00	00	00	00	00	00	00

ELECTRONIC DATA SYSTEMS CORPORATION

DALLAS, TEXAS 75230

EDS CENTER
7171 FOREST LANE
(214) 661-6000

1978 MAR 16 PM 3
OVERSIGHT & INVESTIGATIONS

March 15, 1978

The Honorable John E. Moss, Chairman
Subcommittee on Oversight and Investigations
Committee on Interstate and Foreign Commerce
2323 Rayburn House Office Building
Washington, D. C. 20515

Dear Mr. Chairman:

Attached is the data related to Texas Medicaid surgical procedures requested by your Subcommittee. We are able to supply the information for FY 76-77 surgical procedures paid during the periods for which we were the Health Insuring Agent.

Permission to release this data was sought from this state and permission was granted. Every effort has been expended to provide comprehensive reporting that will meet the needs of the Subcommittee.

Please relay our special appreciation to the Subcommittee staff. Their assistance in providing answers to our questions was most helpful.

Sincerely,

H. R. Perot
Chairman and President

HRP:cli

cc John Billett

Expenditures by Texas for
FY 1976 - 1977 paid during the EDSF
Contract Period

The following criteria was used to extract data for the attached requested report.

1. All claims meeting the specifications for FY 76-77 Medicaid surgical procedures are reported. Careful attention must be paid to the fact that EDSF was not the Health Insuring Agent for the entire FY 76-77. Data reported is for surgical procedures with dates of service during January 1, 1976 to June 30, 1977. History scrutinized was from January 1, 1977 through February 28, 1978 to insure comprehensive data for the reporting period. Many claims for the early half of the fiscal year were paid by the former contractor. It is estimated that the services reported cover approximately 50% of the surgical procedures rendered during FY 76-77.

2. The unduplicated count of eligibles, and the average monthly number of eligibles, covers the entire FY 76-77 period.

3. The surgical procedures count was derived by counting only procedures rendered by surgeons. Total surgical payment amount, made for each eligible recipient, is the sum of the paid amounts for all related surgeons' fees, assistant surgeon's fees, anesthesia fees, and hospitalization fees.

4. The surgery definitions provided by the Subcommittee were followed. The ICDA procedures codes referenced by the Subcommittee were cross-referenced to '64 RVS procedures codes currently used in Texas.

5. Eliminated from the report were claims related to Medicare Cross-overs, Adjustments, Voids and Refunds.

6. Total Payments from lines two through four will not exactly balance to line one due to the rounding of cents to the nearest dollar.

7. The Texas system is an MMIS.

STATE: TEXAS

STATISTICAL REPORT ON ASSISTANCE AND SURGICAL PROCEDURES
FOR MEDICAID CLAIMS PAYMENTS FOR THE PERIOD
010177 THRU 063077

DATE: 03/10/78

PARTICIPATE IN MMIS: YES

MAINTENANCE ASSISTANCE STATUS OF RECIPIENT AND BASIS OF ELIGIBILITY FOR MEDICAL CARE.	NUMBER OF ELIGIBLES: UNDUPLICATED TOTAL	YEARLY TOTAL FEMALE	AVERAGE MONTHLY NUMBER TOTAL	AVERAGE MONTHLY NUMBER FEMALE	TOTAL SURGICLE PROCEDURES: NUMBER OF PROCEDURES	TOTAL PAYMENTS
1. TOTAL OF 2 THRU 4	855,391	541,278	671,067	429,971	62,996	30,509,842
2. MONEY PAYMENTS						
A. AGED	264,979	182,906	232,029	162,238	358	93,446
B. DISABLED	111,421	63,562	89,051	52,485	15,005	9,802,384
C. BLIND	4,780	2,481	4,217	2,225	597	365,362
D. AFDC-CHILD	366,610	190,958	268,723	139,201	23,837	8,102,005
E. AFDC-ADULT	105,049	99,722	75,777	72,965	22,967	11,944,950
F. ALL OTHER						
-- UNDER AGE 21	00	00	00	00	00	00
-- AGE 21 AND OVER	00	00	00	00	00	00
3. CATEGORICAL NEEDY--NO MONEY PAYMENT						
A. AGED	1,147	805	729	515	07	8,589
B. DISABLED	1,078	658	478	308	192	182,218
C. BLIND	20	12	10	06	00	00
D. AFDC-CHILD	185	92	29	13	12	3,067
E. AFDC-ADULT	122	82	20	13	21	7,817
F. ALL OTHER						
-- UNDER AGE 21	00	00	00	00	00	00
-- AGE 21 AND OVER	00	00	00	00	00	00
4. MEDICAL ASSISTANCE ONLY						
A. AGED	00	00	00	00	00	00
B. DISABLED	00	00	00	00	00	00
C. BLIND	00	00	00	00	00	00
D. AFDC-CHILD	00	00	00	00	00	00
E. AFDC-ADULT	00	00	00	00	00	00
F. ALL OTHER						
-- UNDER AGE 21	00	00	00	00	00	00
-- AGE 21 AND OVER	00	00	00	00	00	00

STATE: TEXAS

STATISTICAL REPORT ON ASSISTANCE AND SURGICAL PROCEDURES
FOR MEDICAID CLAIMS PAYMENTS FOR THE PERIOD
010177 THRU 063077

DATE: 03/10/78

PARTICIPATE IN MMIS: YES

	TONSILLECTOMIES		HYSTERECTOMIES		CHOLECYSTECTOMIES		PARTIAL MASTECTOMIES		RADICAL MASTECTOMIES	
	NUMBER OF PROCEDURES	TOTAL PAYMENTS	NUMBER OF PROCEDURES	TOTAL PAYMENTS	NUMBER OF PROCEDURES	TOTAL PAYMENTS	NUMBER OF PROCEDURES	TOTAL PAYMENTS	NUMBER OF PROCEDURES	TOTAL PAYMENTS
1.	2058	1,073,127	865	1,173,801	704	1,111,708	348	204,415	51	60,801
2.										
A.	00	00	01	3,270	09	3,258	00	00	00	00
B.	75	44,390	110	155,511	245	419,518	75	43,401	26	35,310
C.	02	790	05	13,488	09	10,544	03	665	00	00
D.	1690	862,257	22	34,971	48	80,260	80	45,342	02	1,638
E.	291	165,689	722	963,548	391	595,940	184	112,357	23	23,852
F.										
--	00	00	00	00	00	00	00		00	00
--	00	00	00	00	00	00	00	00	00	00
3										
A.	00	00	00	00	00	00	02	300	00	00
B.	00	00	02	3,013	02	2,186	03	1,936	00	00
C.	00	00	00	00	00	00	00	00	00	00
D.	00	00	00	00	00	00	00	00	00	00
E.	00	00	00	00	00	00	01	412	00	00
F.										
--	00	00	00	00	00	00	00	00	00	00
--	00	00	00	00	00	00	00	00	00	00
4.										
A.	00	00	00	00	00	00	00	00	00	00
B.	00	00	00	00	00	00	00	00	00	00
C.	00	00	00	00	00	00	00	00	00	00
D.	00	00	00	00	00	00	00	00	00	00
E.	00	00	00	00	00	00	00	00	00	00
F.										
-	00	00	00	00	00	00	00	00	00	00
--	00	00	00	00	00	00	00	00	00	00

STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF SOCIAL WELFARE
MONTPELIER 05602

June 19, 1978

The Honorable John E. Moss
Chairman
Subcommittee on Oversight and
Investigations
United States House of Representatives
Washington, D.C. 20515

Dear Congressman Moss:

The following information is provided as requested in your letter of May 12, 1978, regarding data on surgical procedures paid for by the Medicaid program.

I wish to point out the following:

1) This Department does not count Medicaid eligibles on a yearly basis, only monthly. Also, the monthly counts do not reflect the sex of the individuals.

2) The procedure code system used is the National Blue Shield system. Under this system "surgical procedures" can refer to procedures such as emergency first aid and suture removals. Since reporting on these procedures does not appear to be the intent of your questionnaire, only procedures specifically identified were reviewed.

3) The data provided refers to surgeon's fees only.

4) The reporting period is calendar year 1977, and represents claims paid during that period.

5) Regarding MMIS, Vermont is in the process of requesting certification review.

If you have any questions regarding the attached data, please contact Kevin Rooney, Utilization Control Manager, at (802) 828-3441.

Sincerely,

David M. Wilson
Commissioner

DMW/KR/js
Attachment

STATE Vermont

Participate in MMIS ☐ Yes, ☐ No

If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles				Total Surgical Procedures		Tonsillectomies (5 & 6)	
	Unduplicated yearly total		Average Monthly Number		Number of Procedures	Total Payments *	Number of Procedures	Total Payments
	Total	Female	Total	Female				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	———	———	41,000	———	———	———	154	13,625
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

STATE Vermont

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	94	29,239	86	24,757	------		2	314
2. Received money payments:								
Automatically eligible for medical assistance:								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

STATE Virginia

Participate in MMIS [ ] Yes, [X] No

If no, plan to enter January 1, 1978

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total		Number of Eligibles: Average Monthly Number		Total Surgical Procedures		Tonsillectomies (T&A)	
	Total	Female	Total	Female	Number of Procedures	Total Payments A	Number of Procedures	Total Payments A
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	394,077	Estimate 253,641	286,336	Estimate 182,847	31,123	5,241,106	1,976	270,198
2. Received money payments:	Estimate							
Automatically eligible for medical assistance								
a. Age 65 or over	45,076	31,900	32,752	23,179			1	167
b. Blindness	1,762	1,036	1,280	753				
c. Permanent and total disability	33,284	21,566	24,184	15,670			25	2,840
d. Dependent children under 21	172,695	90,404	125,480	65,688			1,393	191,774
e. Adults in families with dependent children	67,856	62,480	49,304	45,398			274	40,364
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. ~~XXXXXXXX~~ Child Welfare/ Foster Child							1	125
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	3,186	2,229	2,315	1,620				
b. Blindness	27	14	20	10				
c. Permanent and total disability	1,638	839	1,190	610				
d. Dependent children under 21	1,272	643	924	467			2	292
e. Adults in families with dependent children	300	250	218	182				
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	25,652	17,946	18,639	13,040				
b. Blindness	422	224	307	163				
c. Permanent and total disability	11,229	5,755	8,159	4,182			2	187
d. Dependent children under 21	12,514	6,326	9,093	4,597			143	17,260
e. Adults in families with dependent children	4,682	3,903	3,402	2,836			14	1,916
f. All other: ADC Foster Child								
(1) Under age 21	9,590	4,515	6,968	3,281			40	4,910
(2) ~~XXXXXXXX~~ Child Welfare/ Foster Child	2,892	1,611	2,101	1,171			75	9,513

Indo Chinese

STATE Virginia

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
					Number of Procedures			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	1,059	403,516	655	227,592	110	16,903	69	27,522
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over	4	1,596	7	1,712	2	468		
b. Blindness	5	2,072	4	1,449	1	252		
c. Permanent and total disability	80	31,101	127	41,627	10	1,816	18	6,834
d. Dependent children under 21	6	2,478	8	3,517	19	2,104		
e. Adults in families with dependent children	815	308,756	403	142,447	56	9,044	34	13,933
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability	2	878						
d. Dependent children under 21								
e. Adults in families with dependent children	4	1,736	1	385				
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	4	1,247	3	1,343			1	450
b. Blindness	1	400						
c. Permanent and total disability	33	12,971	35	11,728	6	861	6	2,260
d. Dependent children under 21	1	400	4	1,222	5	315		
e. Adults in families with dependent children	101	38,515	60	20,934	11	2,043	10	4,045
f. All other: Indo Chinese								
(1) Under age 21								
(2) Age 21-64	3	1,366	3	1,228				

* Indicate whether surgeons' fees, anesthesia fees, ~~hospitalization costs~~ or the sum of ~~[illegible]~~ both.

STATE Washington

Participate in MMIS [X] Yes, [ ] No

If no, plan to enter

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Unduplicated yearly total: Female	Average Monthly Number: Total	Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments * 1/	Consultations (9 & 6): Number of Procedures	Consultations (9 & 6): Total Payments 1/
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	554,150	-	233,274	-	64,548	$8,292,388	1,201	$114,639
2. Received money payments: Automatically eligible for medical assistance	45,589	-	32,667	-	6,993	176,454	1	101
a. Age 65 or over	902	-	606	-	146	12,324	1	101
b. Blindness	52,621		33,210	-	8,345	1,140,140	26	2,928
c. Permanent and total disability	357,719	-	149,594	-	38,763	5,245,824	1,074	101,628
d. Dependent children under 21	2/	-	2/	-	2/	2/	2/	2/
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over	0	0	0	0	0	0	0	0
g. Blindness	0	0	0	0	0	0	0	0
h. Permanent and total disability	0	0	0	0	0	0	0	0
3. Financially eligible for maintenance assistance but did NOT receive money payments: 3/								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	12,655	-	3,600	-	1,439	43,478	0	0
b. Blindness	98	-	26	-	15	1,123	0	0
c. Permanent and total disability	8,697	-	2,005	-	1,036	169,749	0	-
d. Dependent children under 21	24,763	-	6,983	-	2,539	458,326	43	4,108
e. Adults in families with dependent children	2/	-	2/	-	2/	2/	2/	2/
f. All other:								
(1) Under age 21	51,106	-	4,583	-	5,272	1,044,970	56	5,773
(2) Age 21-64	-	-	-	-	-	-	-	-

1/ Surgeons fees only. Total anesthesia fees for this period equal $1,396,878. Hospitalization fees cannot be identified separately for surgery.
2/ Included in item d.
3/ Included in item 2.

* Indicate surgical fee, hospitalization fee, or the sum of all 3.

STATE Washington

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only) 4/			
					Number of Procedures			
	Number of Procedures	Total Payments* 1/	Number of Procedures	Total Payments* 1/	Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	745	$339,123	629	$226,021	–	–	–	–
2. Received money payments:					–	–	–	–
Automatically eligible for medical assistance								
a. Age 65 or over	23	1,849	114	6,076	–	–	–	–
b. Blindness	1	487	–	–	–	–	–	–
c. Permanent and total disability	85	39,205	107	42,560	–	–	–	–
d. Dependent children under 21	572	272,229	309	146,749	–	–	–	–
e. Adults in families with dependent children	2/	2/	2/	2/				
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over	0	0	0	0	0	0	0	0
g. Blindness	0	0	0	0	0	0	0	0
h. Permanent and total disability	0	0	0	0	0	0	0	0
3. Financially eligible for maintenance assistance but did NOT receive money payments: 3/								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	4	274	28	1,216	–	–	–	–
b. Blindness	1	717	1	17	–	–	–	–
c. Permanent and total disability	9	3,865	21	6,721	–	–	–	–
d. Dependent children under 21	42	17,798	36	16,589	–	–	–	–
e. Adults in families with dependent children	2/	2/	2/	2/	–	–	–	–
f. All other:								
(1) Under age 21	8	2,699	13	6,093	–	–	–	–
(2) Age 21-64					–	–	–	–

1/ Surgeons fees only. Total anesthesia fees for this period equal $1,196,878. Hospitalization fees cannot be identified separately for surgery.
2/ Included in item d.
3/ Included in item 2.
4/ Data on mastectomies not available.

* Indicate whether surgeons fees, anesthesia fees, hospitalization costs or the sum of all 3.

RECEIVED

WEST VIRGINIA
DEPARTMENT OF WELFARE
CHARLESTON 25305

LEON H. GINSBERG, Ph.D.
Commissioner

1977 OCT 25 PM 9 02
SUBCOMMITTEE ON
OVERSIGHT & INVESTIGATIONS

October 20, 1977

The Honorable John E. Moss, Chairman
Oversight and Investigations Subcommittee
Member, House of Representatives
Congress of the United States
Rayburn Office Building - Room 2323
Washington, D. C. 20515

Dear Congressman Moss:

In response to your letter of September 30, 1977 requesting data on payments for surgical procedures, I regret to inform you that we are unable to furnish information on specific procedures at this time.

Total payments to physicians for the Fiscal Year ending June 30, 1977 was $8,670,085 for all services rendered to 141,892 eligible recipients.

We have experienced some problems in the implementation of the Medicaid Management Information System (MMIS) for West Virginia, and at this time do not have an operating system which will provide the information you requested.

Please let me know if you have further questions.

Sincerely,

LEON H. GINSBERG
Commissioner

State of Wisconsin DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH
MAIL ADDRESS: P. O. BOX 309
MADISON, WISCONSIN 53701

IN REPLY PLEASE REFER TO:

OCT 12 1977 COMMITTEE ON INVESTIGATIONS

October 20, 1977

Congressman John E. Moss, Chairman
Subcommittee on Oversight and Investigations
House of Representatives
Room 2323
Rayburn House Office Building
Washington, D.C. 20515

Dear Congressman Moss:

I regret to inform you that we can not be as responsive to your request of September 30, 1977, for surgical data on the Medicaid population, as we would like to be. As of July 1, 1977, a new fiscal intermediary began processing Medicaid claims, and data previous to this time are, for all practical matters, not retrievable. Beginning the first of next month, we will be able to supply you with the type of data you request on a regular basis.

The only information we have for the time period you are interested in, July 1, 1976 through June 20, 1977, is from our two month sample hospital discharge survey. However, not all of these records are to the point where they can be analyzed. Based upon 32,373 discharges, which is only about four percent of the 741,000 annual number of general hospital discharges in Wisconsin, we found the following indicated Medical Assistance as the expected method of payment:

Procedure	ICDA-A	Number
Tonsillectomy w or w/o adenoidectomy	21.1-21.2	82
Cholecystectomy	43.5	33
Hysterectomy	69.1-69.5	28
Mastectomy (female only)	65.2-65.6	8

In fiscal year 1976, there were 481,593 Medical Assistance eligibles in Wisconsin.

Sincerely,

Ralph L. Andreano

Ralph L. Andreano, Ph.D.
Administrator
Division of Health

RLA:TT:tfd

copy- Donald E. Percy
Secretary
Department of Health and Social Services

THE STATE OF WYOMING

ED HERSCHLER
GOVERNOR

RECEIVED

Department of Health and Social Services

Division of Health and Medical Services

HATHAWAY BUILDING CHEYENNE, WYOMING 82002

October 31, 1977

The Honorable John E. Moss
Chairman, House Subcommittee
on Oversight and Investigations
Congress of the United States
House of Representatives
Washington, D.C. 20515

Dear Congressman Moss:

This is in reply to your September 30 letter requesting information regarding the numbers of various surgical procedures which have been done under Wyoming's Title XIX Program.

We still do not routinely capture such information for those eligible for Medicaid in Wyoming. For our own purposes we have not felt it was necessary since all surgical procedures are reviewed for medical necessity on an individual basis. I am sorry that I am not able to supply the information you requested.

Very truly yours,

Ernest A. Rumpf, Jr.
Director
Medical Assistance Services

EAR/cc

STATE District of Columbia July 1, 1975 - June 30, 1976 Participate in MMIS [ ] Yes, [X] No

If no, plan to enter

Maintenance assistance status at recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total		Number of Eligibles: Average monthly number		Total Surgical Procedures		Dental Procedures (9 & 8)	
	Total	Female	Total	Female	Number of Procedures	Total Payments *	Number of Procedures	Total Payments *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	N/A	N/A	141,011	N/A	1358	160,276.00	698	34,360.40
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate surgical fee, anesthesia fee, hospitalization fee, or the sum of all 3.

STATE District of Columbia

July 1, 1975 - June 30, 1976

Maintenance Assistance status of recipient and basis of eligibility for medical care	Hysterectomies (♀ Only)		Cholecystectomies (♀ & ♂)		Mastectomies (♀ Only)			
	Number of Procedures	Total Payments*	Number of Procedures	Total Payments*	Number of Procedures: Partial Mastectomies	Total Payments*	Radical Mastectomies	Total Payments*
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	458	91,769.40	154	27,506.00	28	2,556.80	20	1,083.40
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

* Indicate whether surgeons' fees, anesthesia fees, hospitalization costs or the sum of all 3.

STATE PUERTO RICO

Participate in MMIS [ ] Yes, [X] No

[ ] no, plan to offer

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles: Unduplicated yearly total: Total	Number of Eligibles: Unduplicated yearly total: Female	Number of Eligibles: Average Monthly Number: Total	Number of Eligibles: Average Monthly Number: Female	Total Surgical Procedures: Number of Procedures	Total Surgical Procedures: Total Payments $	Consultations (E & S): Number of Procedures	Consultations (E & S): Total Payments $
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)	1,522,474	1,008,182	235,696	155,560	141,022			
2. Received money payments: Automatically eligible for medical assistance								
a. Age 65 or over	3,861	349						
b. Blindness	146	25						
c. Permanent and total disability	13,372	2,400						
d. Dependent children under 21	62,037	14,299						
e. Adults in families with dependent children	85,163	10,276						
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over	6,123	615						
b. Blindness	–	–						
c. Permanent and total disability	22,318	3,240						
d. Dependent children under 21	142,106	20,110						
e. Adults in families with dependent children	103,498	18,460						
4. NOT eligible for maintenance assistance:								
a. Age 65 and over	15,190	1,432						
b. Blindness	321	200						
c. Permanent and total disability	17,847	3,060						
d. Dependent children under 21	228,479	18,991						
e. Adults in families with dependent children	228,159	17,439						
f. All other:								
(1) Under age 21	235,212	61,600						
(2) Age 21-64	358,642	63,200						

STATE _____

Participate in MMIS [ ] Yes, [ ] No

Maintenance assistance status of recipient and basis of eligibility for medical care	Number of Eligibles				Vasectomies (♂ & ♂)		Tubectomies (♀ & ♀)	
	Unduplicated yearly total		Average Monthly Number		Number of Procedures	Total Payments *	Number of Procedures	Total Payments *
	Total	Female	Total	Female				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total (Sum of items 2-4)								
2. Received money payments:								
Automatically eligible for medical assistance								
a. Age 65 or over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
Eligible for medical assistance only after spending excess income on medical expenses:								
f. Age 65 or over								
g. Blindness								
h. Permanent and total disability								
3. Financially eligible for maintenance assistance but did NOT receive money payments:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
4. NOT eligible for maintenance assistance:								
a. Age 65 and over								
b. Blindness								
c. Permanent and total disability								
d. Dependent children under 21								
e. Adults in families with dependent children								
f. All other:								
(1) Under age 21								
(2) Age 21-64								

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF HEALTH

OFFICE OF THE COMMISSIONER

Charlotte Amalie
St. Thomas, Virgin Islands 00801

October 27, 1977

Congressman John E. Moss, Chairman
Oversight and Investigations Subcommittee
Congress of the United States
House of Representatives
Washington, D.C. 20515

Dear Congressman Moss:

We are writing in response to your recent inquiry first, as to whether or not the Virgin Islands Medicaid Program participates in a Management Information Systems Program, and second as to statistics relating to certain surgical procedures for a period July 1, 1976 through June 20, 1977.

At this time, the Virgin Islands has two mini-computers which assist in the preparation of certain case and management reports. However, they do not yet have the capabilities to gather statistics in the format requested by the Committee.

As you know, the Virgin Islands Medical Assistance Program does not have "freedom of choice." Recipients receive care in Department of Health facilities. If needed services are not available in the Virgin Islands, on physician referrals, approved by the Medicaid Medical Consultant, and pre-authorized by the Medical Assistance Program, Recipients receive medical-health care in Puerto Rico or Continental United States.

The schedule of fees for services in Departmental facilities is approved by the Virgin Islands Legislature. Presently, that schedule is being revised. Until the completion of that task, the Virgin Islands Medical Assistance Program meets the cost for surgical procedures about which you questioned as follows:

Tonsilectomy	$135.00	Full Service
Hysterectomy	$245.00	"
Cholecystectomy	$245.00	"
Radical Mastectomy	$290.00	"
Simple Mastectomy	$214.00	"

We hope this information will be of help to the survey conducted by the Subcommittee on Oversights and Investigations.

Sincerely,

John S. Moorhead, M.D.
Acting Commissioner of Health

cc: Mrs. Penn
Mr. Bonano

UNIVERSITY OF FLORIDA
3 1262 09119 2764